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ABSTRACT

A training manual, intended to foster cooperative, coordinated approaches to resolving Indian child welfare cases, uses the case study approach to help tribal social service and court workers recognize strengths of American Indian and Alaska Native families. The first chapter covers primary aspects and needs of children of all cultures, from infancy through the teenage years. "Approaching a Case," the second chapter, answers questions about the desirability of a holistic approach to troubled children and families; role of tribal courts; nature of court-ordered case studies; and need for special juvenile or children's courts. The next chapter introduces the three case studies which follow. Case studies discuss reasons for child neglect by a teenage mother, a custody dispute between parents (and grandparents) of a 5-year-old mixed-blood child, and the life and plight of a troubled, drug-abusing teenager. The seventh chapter discusses the cases as part of a cycle of family disruption, and summarizes basic principles which should underlie efforts to break the cycle. Creative and expanded use of existing tribal resources is covered in the eighth chapter. The final chapter reviews major points. Appendices list further readings, give definitions, discuss the manual's training uses, describe Papago child welfare procedures, and cover funding and other resources. (MH)

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WARM SPRINGS:

A Case Study Approach to Recognizing the Strengths of the American Indian and Alaska Native Family

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WARM SPRINGS:

A Case Study Approach to Recognizing the Strengths of American Indian and Alaska Native Families

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This training manual is the result of the efforts and interests of many people from many and diverse backgrounds, but all working toward a common goal: recognizing the strengths of American Indian and Alaska Native families.

In November, 1979, the American Academy of Child Psychiatry was host on the Warm Springs Reservation to 150 tribal social service and court workers. They came together for a three-day training seminar to share insights, ideas and experiences dealing with Indian child welfare cases. They hoped to return to their many tribes armed with fresh approaches to resolving these cases. This seminar provided the information contained in these pages. Listed below are some of the many people and organizations that deserve recognition for the time, talents and resources which they have contributed to this effort.

The seminar's co-sponsor, the National American Indian Court Judges Association, was represented in planning, execution and evaluation by Judges Homer Blue House, Maryetta Tsosie, Robert Walters, Michael Zunie and Mr. E. Thomas Colosimo. They shared freely and enthusiastically.

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This project is but one of a series of activities of the Committee on the Indian Child of the American Academy of Child Psychiatry. Since at the present time there are no Indian child psychiatrists, the Committee has looked to other professionals, Indian and non-Indian, for guidance. We owe much to them. They are Evelyn Blanchard, M.S.W.; Ellouise DeGroat, M.S.W.; Marlene EchoHawk, Ph.D.; Bertram Hirsch, Esq.; and Martin Topper, Ph.D.

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Lastly, we acknowledge the contribution and inspiration of the American Indian and Alaska Native families whose strengths provided the incentive for this project and whose traditions can contribute much richness to contemporary life. Mental health and judicial professionals from their midst became presenters and discussion leaders at Warm Springs, along with the members and consultants of the Committee. Their names appear on the inside back cover of this manual.

Thomas A. Halversen, M.D.
Stephen Proskauer, M.D.
Co-chairpersons,
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1977-1979

Foreword

In 1975, the American Academy of Child Psychiatry published a position statement on the issues of Indian child welfare. Since that time, some aspects of the national picture have changed. Others remain, awaiting change. Still others—the strengths which have always been natural to Indian family life—remain as the foundation for both change and continuity.

Many of the grim facts about removal of Indian children from their families and tribes are still with us. But one key element of progress in the national picture is the passage into law in 1978 of the Indian Child Welfare Act. Other fresh challenges and opportunities to tribes are presented by increased contracting for services under the Indian Self-Determination Act (P.L. 93-638) and direct funding to tribes for foster care services under the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272).

These laws have come into being against huge odds. Today, however, they exist as tools for tribes to use to reinforce and renew the powers of their member families upon whom tribal continuity depends.

It is not the Academy's intent, in this book, to discuss specifically how tribes should implement these laws. That is up to individual tribal needs and discretion. There are, however, certain basic principles and practices which tribal court and social service workers will want to have at their fingertips now that these laws are at their disposal. In order to put the development of these concepts into perspective, we would like to share with you the following "case history" of the Academy's involvement in Indian child welfare.

The American Academy of Child Psychiatry created its Committee on the American Indian Child in 1973, charging it with identifying the specific needs of Indian children and determining where and how child psychiatry might act to help meet those needs. A position statement was written by Drs. Alan Gurwitt and Carl Mindell, who subsequently became co-chairpersons of the Committee. It was adopted by the American Academy of Child Psychiatry on January 25, 1975 and is entitled, "The

Placement of American Indian Children—The Need for Change." It states that with support and recognition, including development of tribal and other resources oriented to the American Indian family, Indian people can provide effective child support systems where others, coming from the outside, have failed.

This belief in the inherent strengths of the American Indian family led the Committee on the American Indian Child to several actions: testimony before Congress, active support for the Indian Child Welfare Act and development of a strong corps of Indian and non-Indian consultants to help guide the Committee. In 1977, the Committee convened the Bottle Hollow Conference, entitled "Supportive Care, Custody, Placement and Adoption of American Indian Children." The proceedings of the conference were published. The conference was attended by 150 actively involved Indians and 40 specially chosen non-Indians to consider the issues listed in its title.

The Bottle Hollow conference accomplished several aims that provided the groundwork for future steps. First, it brought together Indian and non-Indian professionals and non-professionals from all areas of the country and from diverse backgrounds. They established a critical core of common interest and respect. Second, it increased awareness of many innovative, tribally run programs already operating in certain areas of the country. Third, specific future steps were pinpointed, among them support for the (then pending) Indian Child Welfare Act and the need for specific training of Indian personnel in essential evaluation and treatment procedures.

The success of that conference and the expressed need for more intensive training led to the Warm Springs Seminar at Kah-Nee-Ta Lodge in November, 1979, and this document entitled, *WARM SPRINGS: A Case Study Approach to Recognizing the Strengths of American Indian and Alaska Native Families*. Though the Seminar was designed for tribal court personnel, individuals working in Indian child welfare also attended in order to

provide a training atmosphere involving several disciplines which could serve as a model back home. The principles and practices discussed in this book were developed by the participants at Warm Springs.

There are no surprise solutions to the problems that face Indian families today. Nor does the Academy claim that this volume covers every possible option. However, it does contain some principles and methods that can help, and have helped, to strengthen American Indian and Alaska Native families. They are offered for your study and use.

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Stephen Proskauer, M.D.
Co-chairpersons,
Committee on the American Indian Child
1977-1979



Owen Seumplewa

No Magic Buttons . . .

(Excerpt from the keynote address by Sam Deloria to the Warm Springs Seminar, November 12, 1979.)

With respect to Indian child welfare, I've tried since 1972 to figure out where the magic button is which you push that will coordinate all federal programs. I know where it is. It's in some guy's office, but I can't get in there because they lock it up at 4:25 every night. So in the absence of having access to that magic button, my conclusion is that the only thing that is going to pull services together is coordination from the tribal level.

We are entering an era in which the budgets for domestic programs are going to be cut. It's started already. In that connection, we have to be very realistic about our problems. If programs are terrible, we don't need the budget doubled so we can have twice as many terrible programs. It's not going to work. It's now a matter of what we can produce with the money we have by coordinating, and that's only going to be done at the reservation level. If your tribe wants a good child welfare system, tell them to sit down with a list of all the federal money they have now and restructure that to buy themselves a good child welfare system. That's the only way they're going to get it. You set your priorities by the way you spend your money, just like America's priorities are reflected by its national budget.

I always hate to be the one who comes to pour beer on the council fire, but I urge you—if we're going to talk about our cultures and their survival, let's really mean it. Let's put some practical importance into dealing with the problems that we have with our families and communities and children. For we are creating institutions. INDIAN TRIBES ARE ENGAGED IN SOME OF THE MOST DELICATE AND COMPLICATED CREATIVE WORK THAT IS BEING DONE IN THIS WORLD RIGHT NOW—trying to adapt social and political institutions to the needs of their own communities, questioning what to change and what to preserve. The only thing that's going to humanize those institutions is us, ourselves, setting our own standards and insisting on them.

Introduction To the Manual

Saynday was coming along, but it was hard work, because everything was dark. He kept bumping into people, and every time he did it, he said, "Ouch!" Then the other person said "Ouch!" too, but nobody knew who anybody else was. Saynday began to get tired of it.

"Come here around me, everybody," Saynday shouted at last. "We've got to do something about this!"

Quote from the beginning of a Kiowa emergence legend.

This book is a training manual designed to foster cooperative, coordinated approaches to resolving Indian child welfare cases. The manual is for social and mental health workers, tribal court judges and counselors and all those whose work brings them into front-line involvement with Indian children, their families and tribes. Basic, elemental approaches to child welfare cases which occur on reservations are presented. We hope that others will find helpful suggestions here as well.

Different tribes have differing approaches and varying resources available to them in facing child welfare issues. But whatever customs and traditions may differ among tribes, there has recently come into being one significant fact which affects Indian families and children everywhere—the Indian Child Welfare Act of 1978 (P.L. 95-608). Under this law, the U.S. government officially recognizes Indian tribes and families as the primary protectors and promoters of their children's best interests. Tribes have exclusive authority to determine custody of their children, whether the children live on or off the reservation. The Act also guarantees that tribes have the right to participate fully in state court proceedings which affect the custody of their children.

The Act provides standards which make removal of Indian children from their families difficult. It also assures

that when a removal does occur, it is carried out with respect for the laws and customs of the tribes.

This manual is not intended to be a line-by-line "how to" piece on the Act. That has been done by the American Indian Lawyers Training Program in Oakland, California. However, the Act greatly increases both responsibilities and opportunities for tribal courts and for all the people who must contribute to the success of the courts' work. Therefore, we hope that this manual will:

- identify basic elements which should be taken into account in working with Indian families;
- give a framework for successfully resolving cases which come before tribal courts;
- encourage *continuity* in the handling of cases; and
- promote *collaboration* among the various people who work with families, so that these families may truly be helped to build on their strengths and not feel threatened or overwhelmed by hordes of well-meaning folks, like the ones in the Saynday story who kept bumping into each other in the dark.

Most importantly, and always, we want to highlight the inherent survival strengths of American Indian and Alaska Native families in the belief that in their traditions, knowledge and cultures lie the true keys to survival.

The manual is laid out this way:

Chapter One: Basic Concepts of Child Development—Primary aspects and needs of children of all cultures, from infancy through the teenage years, are described. Later in the manual, as you examine cases involving a baby, a young child and an adolescent, you will be able to view them with more understanding since you will know what their lives *should* be like in a context of normal growth and development.

Chapter Two: Approaching a Case—Why is a complete (or "holistic") approach to a troubled child and family essential? What is the role of the tribal court in a preliminary hearing? When the court orders a thorough case study, what is it asking for? What is the court's role in

review and follow up of the treatment plan? Why is a special juvenile or children's court a good idea? We hope that this chapter will offer some answers to these questions. Not all of the answers are within the grasp of every tribe, since resources are so varied. We present them, though, because they do represent the best that ought to be—at least we all know what goals to strive for.

Chapters Three through Seven—Chapter Three provides an overview and introduction to the three chapters which follow. These are the case studies—in a sense, the heart of the book. The first case (Chapter Four) concerns a teenage mother whose depression and anger at her world have caused her to neglect the child she had not planned to have. In the second case (Chapter Five), we are dealing with a custody dispute between the parents (and grandparents) of a five-year-old, mixed-blood child, Johnny. The third and last case (Chapter Six) examines the life and plight of Daryl, a troubled, drug abusing teenager.

Each case description is followed by discussion aimed at offering clues to social service and court workers about how cases like these may be handled effectively. These discussions have been drawn from the suggestions and ideas of the participants at the Warm Springs Seminar.

Chapter Seven takes a look back at the three cases and views them as part of a single cycle of family disruption. It summarizes the basic principles which should underlie efforts to break into this cycle.

Chapter Eight: Resources—The basic premise of this chapter is that money is not a tribe's primary requirement for meeting the needs of its children and families. Although some funding sources are suggested (and others appear in Appendix F), the emphasis here is on the creative and expanded use of resources which already exist within a tribe or which can be developed at no added expense.

Chapter Nine: Summary of the Manual—is simply a brief review of the main points—and a note of hope.

Six Appendices supply further information from a variety of sources. We have placed these readings at the end of the book not because we feel they have less value than the earlier chapters, but in the interests of clarity in organization.

Finally, any book can only hold so many words and ideas. This one won't say it all, and it does not pretend to. But the people who have contributed to this manual will be happy to talk with you about questions or resources which are not covered here—or which are covered but need to be clarified. Please write or call The American Academy of Child Psychiatry, 1424 - 16th Street, N.W., Suite 201-A, Washington, D.C. 20036; (202) 462-3754.

Ianet Swenson
Editor



U.S. Department of Health and Human Services

CHAPTER ONE: Basic Concepts of Child Development

In order to work with child welfare cases, it is necessary to have a basic knowledge of the stages of a child's growth and development. While Indian child-rearing practices differ from those of non-Indians, the information which follows applies to children of all cultures, including the Indian. Tribal social service and court workers will find that this information applies to the children and parents they deal with from day to day. Later, we will refer back to this chapter as we examine three case studies. (Note: There is much important information on child development which we are unable to cover here. We strongly recommend further reading on this subject.)

INFANCY

Infancy is a time for gaining a sense of security. A baby's chief need in the first 2 years of life is to establish strong bonds of attachment to the adults who care for him or her. These adults need to be as consistent as possible—there should not be a constant change in who they are. Their responses to the baby need to be consistent too, so that the child develops a sure confidence that the adults will behave in predictable ways. When adults can be relied on to take certain caring actions and to respond lovingly when the baby makes his/her needs known, the world becomes a safe place in which to reach out for new experiences. It is also during these first two years that the conscience is born. (See below.)

EARLY CHILDHOOD

Between the ages of two and six, a normal, healthy child is absorbed with curiosity and experimenting with the world and its wonders. Walking, talking, becoming skillful with hands and muscles all become tools for lively exploring, playing and learning.

This quest for independence on the child's part can be stressful for adults (especially when the child's favorite word tends to be "No!"). But parents must gear their expectations of the child to the child's age and abilities. Getting dressed without help or cleaning up a room depends on the maturity of nerves and muscles and the child's ability to appreciate parental pleasure as a reward for appropriate behavior. It is all too easy for adults to expect something to be done simply because they want it done, without understanding that the child is simply unable (yet) to do it.

But some parents were never allowed to act like children when they themselves were young. As a result, they may hold the same unrealistic expectations for their own children—expecting them to act like little grownups. When their children act otherwise (as will usually be the case), these parents take it as an insult or personal failure and may apply punishment inappropriately. There are also those parents who are unable to cope with this loud and active period of childhood, and who may either turn away from the child or lock him/her in a room to be rid of the irritation. In other words, early childhood is a ripe time for child abuse and neglect.

Both abuse and neglect in early childhood are among the major causes of delinquent behavior later in life. A key reason for this is because abused and neglected children are unable to develop consciences to guide their actions. Conscience develops when the adults caring for a child respond to the child's needs promptly and predictably, with personal handling and soothing creating the bonds of loving and being loved. When this happens, something deep within the child senses that it would be risky to alienate these adults—to risk losing their love. Obedience, or conformity to adult standards, is originally based on this fear.

If a child's needs have never been responded to, however, punishment will have very little meaning—what is there to lose? In fact, if punishment or abuse is the only attention a child gets from adults, the child may misbehave in order to attract that attention. Where there is no love, even a beating seems better than nothing. Both the lack of response to punishment and the unconscious

seeking of it can continue through life with tragic consequences.

Therefore, in the second and third years of life, a child needs to be helped to live with graded levels of frustration and with a firm setting of limits. If this is done consistently, experience will teach the child that obedience is better than the temporary loss of love which (as the child sees it) seems to accompany the adult's displeasure. After a time, the child will anticipate this displeasure internally when tempted to do something forbidden. This is the foundation of the conscience.



Heather: Intertribal Friendship House, Oakland, CA

A Child's
Sense of
Time is
Different

One final and very important point about children of this age group must be made. It is, namely, that small children have a totally different conception of *time* from adults. They feel it differently. They react to it differently. They have not lived long enough to know that days pass into weeks which merge into months, etc. It is especially critical that this be known and understood by court personnel and social service workers who are dealing with custody, emergency or temporary placement cases. For a young child taken from home and family, an hour will seem like a day, a day like a week. In these "days" and "weeks," which to adults seem no time at all, serious psychological damage may be done to the child. Therefore, it is vital that cases be resolved promptly. If delays cannot be avoided, extra care and comfort must be given to children so that they do not feel lost or abandoned during the time lapse, even if this time lapse seems barely noticeable to the adults involved.

THE SCHOOL AGE YEARS

Later childhood is a time for learning, for being made aware of the many wonders of the universe. It is a time for the mind to reach out and absorb both facts and skills. It is also the stage at which to learn the values and life skills important to one's own society, and when curiosity about heritage and tradition is high.

It is during this period that parents' interest in their child's education is so important. Research indicates that the single most important factor in children's success in school is the parents' concern and encouragement with the learning experience. *Pleasure* in learning, which ought to be normal, does not occur unless parents care about how their children are doing and ask them about it—in positive ways.

Children whose parents are not concerned about their learning generally discover that their parents are also not concerned about other aspects of their growing up. The adults may just give over the whole job of child-rearing to the schools. When this happens, children become angry at their parents' indifference to their pain and discomfort



Owen Seumptewa

in school; therefore, it is hard for parents to enforce any discipline. These young people do not see attempts at discipline as concern, but only as their parents' interest in their own comfort.

Parents Need
to Show an
Interest in
School
Progress

ADOLESCENCE

The challenges in development facing adolescents are mainly to:

- achieve independence from parents in a friendly way
- become persons in their own right
- deal with sexual development through closeness with others of the same sex and age, and then to transfer that closeness to members of the opposite sex
- learn how it feels (and what it takes) to achieve intimacy, so that becoming a couple is not just a sexual activity
- develop the knowledge and skills to become wage earners, to find work roles in the society of their choice in order to feel part of it

Clearly, adolescence is an extremely difficult, demanding and challenging time. Surviving it successfully depends both upon the personal strengths built in since earliest childhood and the support of caring, constructive friends and adults during these years of critical, deep-reaching change.

Becoming a parent is a concern to many adolescents who fear repeating their parents' patterns of constant quarreling or cold avoidance of close relationships. Studies show that most adolescent girls become pregnant not so much to experience the excitement of sex, but to experience tenderness and closeness which they have not previously experienced. Their sexual activity usually finds them with sexual partners who are also seeking close feelings. But they, too, are not capable of sharing feelings they have never experienced.

The drive for closeness and warmth and the strong desire to be recognized as effective, mature people are traits of adolescence. Adults who work with troubled teenagers will find their efforts more successful if they take these drives into account. Punishment has never been found to have any positive effect on adolescents who have no adult models for successful adult behavior. These teenagers have never been cared for enough to believe that there is any lasting value in close relationships or in worthwhile work and recreation. As the result, they are driven by their past experiences to seek instant pleasure or

oblivion from pain through alcohol, glue or paint sniffing or other drugs. They are unable to look toward the future and see how life later will depend on what they do today. Everything is Now—and there is no awareness of the penalties for antisocial behavior.

Help for such adolescents is often based on providing positive adult role models who demonstrate that work and recreation can be rewarding. Experiencing this provides new learning for young people; punishment simply entrenches old behaviors. A number of successful programs are described later in this book.

In closing, it is important to keep in mind that developmental phases do not end with adolescence. Adulthood has its stages too—young adulthood, the 30's, the middle years and so on. It is most helpful to learn what is being discovered about adult development, since how an adult in a certain phase reacts with a child in another can tell you a lot about the health of their relationship.

SUMMARY

A child is born with a temperament and certain psychological assets and weaknesses. As the child grows, these natural qualities interact with the people and surroundings that form the child's environment. It is through this interaction that the child matures into a total personality.

The growing knowledge we have as to how we can best help a given child grow and develop psychologically (or to resume growth if it has been stunted or derailed) can now be made available to parents and other adults responsible for helping children grow up strong. HELPING THE PARENTS AND STRENGTHENING THE FAMILY IS NOW GENERALLY RECOGNIZED AS BEING THE KEY TO HELPING CHILDREN GROW AND DEVELOP IN THE BEST POSSIBLE WAY.

(Material for this chapter has largely been drawn from two lengthier articles by Dr. Irving N. Berlin: "A Developmental Approach to Some Emotional Problems of Native American Children" and "Antisocial Behavior and

The
Challenges of
Adolescence

Adult Role
Models
Needed for
Teens

The Search
for Intimacy

Adolescent Turmoil." We have not intended that this chapter cover every aspect of child development (no single chapter could). We hope, however, that we have touched upon areas of interest to court and social service workers who deal with children who are troubled within themselves or at risk from others.)

CHAPTER TWO: Approaching A Case

*The basic commitment of tribal court and social service workers in child welfare cases must be to **the creation of permanent homes for children in situations which will develop or maintain their tribal identities.***

Charlotte Goodluck and Mary Ellen Brown

American Indian healing has traditionally been "holistic." It has always considered both the body and spirit of the person. It has seen that person in the context of the family, the tribe, the tribal traditions and culture, and, most of all, in the context of Nature which surrounds and nurtures us. All of these are seen as one whole, hence the term "holistic."

American child psychiatry, still a fairly young profession, uses this holistic approach. Child psychiatrists are interested in a child's or adolescent's physical, neurological and psychological characteristics. They are equally interested in the total context in which that particular child or adolescent lives. For this reason, tribal courts and social services are likely to find that the standards and principles developed for a case study by child psychiatrists will be quite compatible with traditional American Indian principles and ways of handling these matters.

Child psychiatrists have learned that approaching a problem only along one dimension rarely, if ever, leads to the desired results. For example, if a young adolescent lives at home and begins to drink heavily, treating him (or her) while doing nothing about the parents' alcoholism, is a wasted effort. If heavy drinking is approved of at home, why shouldn't the child follow the parents' example? Sending that alcoholic adolescent to an Indian boarding school which only has an educational program and no alcohol treatment services, is an even greater and more expensive waste. This is one example of how time and money can be lost if we try to resolve a problem by



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American
Indian
Healing and
Child
Psychiatry
Share a
Comprehensive
View

Pitfalls of a
Piecemeal
Approach

focusing on just one aspect of a child and not taking into account the child's total world.

Any study of a child needs to include a study of:

- the child's physical and mental condition (discussed below)
- the family in which the child lives
- what the family can and cannot do
- the extended family and its natural networks
- the tribe of which the child and the family are part
- what the tribe and its agencies have to offer or cannot offer
- the total setting in which the family lives (on the reservation or in an off-reservation urban setting)
- what state and other outside resources are contributing, or failing to contribute, to help a given family raise a given child in the best possible way

All of these items are part of the whole picture. Without all of them, the understanding one gets of a certain child and family is not complete. As a result, it will be more difficult to develop an effective plan to help that child and that family.

To sum up, traditional Indian healing practices, as well as current child psychiatric principles, require that we pay attention to and deal with all aspects of the child, his or her family and all aspects of the setting within which the family lives. FURTHERMORE, WE MUST DEAL WITH ALL THESE ASPECTS AT THE SAME TIME, RATHER THAN DEALING WITH THEM ONE BY ONE.

THE ROLE OF THE TRIBAL COURT: PRELIMINARY HEARING

Tribal judges may find it helpful to use this holistic approach in resolving cases involving children and adolescents. When a child is brought to the court's attention (by the police, social workers, state courts, or individual family members), the court must first decide whether the child's current situation is a safe one. Can the child remain with his/her parents while the court review process takes place? Or is the home situation a dangerous one, and should the child be placed elsewhere temporarily?

Once assured of the child's safety, the court can begin to settle the purely legal questions. Acting upon a plea, the court must decide in what category the youngster belongs:

- neglected?
- abused?
- delinquent?
- out of control?

To do this, the court must establish the facts in the case before it can proceed and make a ruling. It is at this point that the court will order

1. a comprehensive case study, and
2. a case conference to recommend a plan for treatment (or intervention).

The court will also set a hearing date for a judicial review of the case study and proposed treatment plan.

THE COMPREHENSIVE CASE STUDY: WHAT IT IS AND HOW IT HELPS THE TRIBAL COURT

There are certain facts about a child and his/her family which the tribal court needs to know before it makes a decision on how to intervene. A decision based on these facts is more likely to lead to a favorable outcome. With experience, such outcomes will occur more frequently.

If the case study is done correctly, the court should have a clear statement of the developmental strengths and weaknesses, as well as the needs, of the child or adolescent. The study will also give the court a clearer picture of what strengths and resources are in the family and extended family, as well as in the wider tribal environment.

The Components of a Comprehensive Case Study*

There are many components to a comprehensive case study. Different types of professionals are needed to conduct each component. When a comprehensive case study

* We realize that many tribes do not have access to all the professional resources described in this section. However, we present them here because they are services which should *ideally* be available for children. In the chapter called "Resources," we will look at some avenues to obtaining them.

is needed, the court will usually want to order the agency with primary responsibility for the case to arrange for doing it, either directly or through referral. It is important for both the court and this agency to realize that the study will only be useful if the individual people conducting it are aware of, and sensitive to, tribal values and customs. Preferably, they will be Indians themselves. But the Indians, too, should be familiar with the particular tribal background of the children and families with whom they are working.

Let us look now at what a useful case study should encompass.

(1)
State of
Physical
Health

Thorough *physical and neurological examinations*, in addition to any laboratory and other special studies needed, will establish where the child is in physical development, plus any physical handicaps the child may have. In the general physical examination, the physician is primarily concerned with the body in general, its organs, glands, mechanical structures, etc. The neurological examination (which can be performed by any well trained pediatrician or at a state medical center) is specifically directed to examining the functioning of the brain and the rest of the nervous system.

The physical and neurological examinations will indicate whether a child's handicaps can be corrected, helped to some degree or must be considered as permanent. Some physical handicaps, such as poor eyesight or hearing will, if not corrected, interfere with a child's education and development. Various neurological handicaps at times make children more vulnerable to learning difficulties. Spells of hypoglycemia (low blood sugar) or a malfunctioning of the thyroid gland may result in behavior problems which will stop when the underlying physical conditions are corrected.

The neurological examination, plus observations from the psychiatric interviews (discussed below), may suggest what is now called an "attention deficit disorder, with or without hyperactivity." Attention deficit disorder is inborn and may run in families. A child with attention deficit disorder has a hard time concentrating and cannot stay with any one subject for more than a brief time. Some of these children also become very restless or "hyperactive." Both the short attention span and the possible hyperactivity



Reginald D. Rodriguez

make learning in school difficult. Some of these children can be treated to lengthen their attention span.

The physical and neurological examinations will also shed light on whether a child's problems are inborn or whether they are the result of the way the child has been living—his or her family experiences. For example, the examinations may confirm that the child has been physically abused or neglected.

(2)
Psychiatric
Interviews

A *psychiatric examination*, preferably based on several interviews by a *child psychiatrist* with a youngster, should not lead only to a *diagnostic label* (which for a given child or adolescent is often meaningless in terms of indicating what will help that youngster). It should define the strengths and weaknesses of the child and provide an estimate of which factors in the child's life have resulted in the behavior that prompted the referral. These observations and conclusions are only helpful when they suggest how the child's needs can best be met and are included in a treatment plan.

In addition, the psychiatric examination can help establish which persons are the most important people in the child's or adolescent's life—which adults have particular influence because the child is able to identify with them and hence to relate and respond to them. The psychiatrist will identify strengths and coping abilities in the child and family. Underlying depression, anxieties, specific learning disturbances, difficulties with self-esteem, suicidal tendencies, difficulties in reality testing, lack of intelligence and/or of common sense, etc., etc., are factors which the psychiatrist will note.

(3)
Psychological
Testing

To take a deeper look at factors like intelligence, personality or underlying conflicts (particularly if a child or adolescent is not too communicative), the psychiatrist may ask for *testing by a psychologist* experienced in working with children. The court should realize that most tests used by psychologists have not been adapted for Indian children. HENCE NO MAJOR COURT DECISIONS SHOULD EVER BE BASED ON THE TESTING ALONE. On the other hand, the testing, even when not specifically adapted to Indian children, may bring out questions or facts which will be helpful to the court in formulating a treatment plan for the youngster.

(4)
Educational
Evaluation

If a child is having learning difficulties, there may be a need for thorough *educational and achievement testing*. This could reveal the need for placement in a special education class. Keep in mind that a need for remedial education may have nothing to do with the intelligence of the child. The presence of a learning difficulty does not automatically mean that there is intellectual impairment or mental retardation, though sometimes these two con-

cepts are confused and thought to be related. For example, a child with dyslexia (a disorder which results in an inability to read) may be very bright, but the dyslexia would interfere with all school tasks.

Like psychological tests, "standardized" education tests were not created for Indian children. If possible, they should be modified so that they are relevant to Indian children's perceptions and understandings.* If this is not done, their findings should be reviewed carefully.

At the same time as the examinations of the child or



U.S. Department of Health and Human Services

* The Children's Division of Indian Health Service is currently developing new intelligence evaluation tests for Indian children.

(5) Family
Consultation

adolescent are taking place, *intensive contact with the child's family* should be established. This contact, if at all possible, should be done by a trained Indian worker who knows intimately both the child-rearing patterns of the tribe and the local values and customs of the tribal society. The strengths of Indian families are frequently misjudged by those who are unfamiliar with the culture.

The purpose of this contact is 1) to explore the ability of the parent(s) and extended family to care for the child, as well as their commitment to doing this; 2) to identify those outside supports which may be needed to improve the family situation; and 3) to identify and define the parents' hopes and wishes for the child and to make these parts of the overall treatment plan.

It is crucial for the development of most youngsters to remain with their own and/or extended family, if at all possible. Often a child would be able to receive the love, support and help he/she needs from family members if outside assistance were provided. Sometimes financial assistance to the parents, or to a relative who agrees to become a foster parent for the child, may be all that is needed. At other times, more intensive support—such as family counselling or homemaker services—may be required. However, one must be aware of those situations where the family and/or extended family are *not* the answer. Family consultation will help determine this.

THE CASE CONFERENCE: WHAT IT IS AND HOW IT HELPS THE TRIBAL COURT

When a court orders a case conference, it expects that certain things will occur within a specified period of time. It expects that all those persons who have done the various studies, plus a representative of the court, will get together to discuss:

- the findings of their studies
- what can be done to help the child and family
- what resources are available or can be located to do this
- how the roles of all the professionals involved will be coordinated.

The overall purpose of the case conference is to de-

velop a treatment plan which will address each of these issues. *The conference should be recorded to insure smooth follow-through, in case of personnel turnover.* A conference should have a leader who will outline the purpose of the meeting and make sure that clear facts lead to clear conclusions and assignments.

The recommendations from the case conference are to be presented to the court for approval. These recommendations will be useful to the judge only if they are specific and directly helpful to the court in reaching its decisions. *And these recommendations will be useful to the child and family only if they have been made through a coordinated effort which includes input from that child and family.*

Coordinating Face to Face

The roles of professionals and agencies vary enormously from reservation to reservation. Their functions are constantly changing, even on the same reservation. Therefore, it is important that all those involved in a case talk, face to face, about what role each will have and what each expects of the other. The case conference is a forum during which this discussion and coordination should occur.

Support the
Family—Don't
Swamp It

Frequently, some negotiation has to take place. It is vital to insure at this planning stage that the family concerned is not going to be overwhelmed and threatened by large numbers of strangers bent on "helping."

Some of the early issues that typically come up are:

- Can problems which may arise in working together be discussed?
- Can one agency trust another not to accuse it of incompetence when difficulties are shared?
- Can traditional and modern healers work together respectfully?
- Will one agency be able to ask another for help without the case getting "taken away"?
- Or, will one agency be able to trust another to take the case over and reliably follow through when this is indicated?

- How can confidential information be shared? Particularly in a small community, how can confidentiality be maintained?

- Sometimes it makes sense to split up the work with a family (for instance, a child-abusing family) into those who will work with and for the parents and those who will work with and for the child, perhaps even *against* the expressed wishes of the parents, depending on how things go.* Who will take which role?

- How specific should recommendations to the court be, and what specific questions does the court have in asking for an evaluation?

- What education about local and cultural issues will consultants need in order to make useful recommendations?

- Will the court back up the tribe's mental health or social service workers when necessary?

Resolving these issues and sharing joint information about the case takes time. But in the end, coordination saves time. The basic principle is this: to strengthen a family in trouble frequently takes many agencies and people who can help. This "family" must work together, and sometimes even fight a little, to be really helpful.

Developing the Treatment Plan

After relationships have been clarified (to the extent possible) and findings of studies have been pooled, the case conference participants, in close collaboration with the child's family, should begin to develop a plan for treatment. The treatment plan should deal in detail with all the needs identified in the youngster and in his/her family and should contain the following:

- The goal(s) to be accomplished
- The steps to reach each goal, as well as the amount of time needed to accomplish each step
- The resources needed and how they will be paid for
- The role of each professional involved

* Editor's Note: While the court may rule against the parents' wishes, it is important that mental health and social service workers not take sides in a court situation. Their role is always to be supportive of *both* child and parents.

What should the Treatment Plan include?

- The identification of the Case Coordinator (discussed below)

- A procedure and timetable for periodic review

The treatment plan can spell out what should be done *ideally*, but it most certainly should convey what options are open in a world which is *not* ideal and where one often has to make do.

In developing this plan, several issues may have to be resolved. For example:

- Where should the child live?

- What services are needed by the family to ensure adequate parenting? Who will offer them?

- What is the role of the child in the family?

- What are the schooling needs of the child?

- Does the child and/or family need counselling or psychiatric treatment (and if so, by whom)?

- What is the possibility of involving a traditional healer?

- What use is to be made of other resources inside or outside the tribe?

- What medication or other medical treatments are needed?

- Which person should be in charge of the case, responsible for coordinating the treatment plan and following up to make sure it gets carried out?

The Importance of a Case Coordinator

In order for a youngster not to get caught in tensions, politics or other difficulties, one person should be appointed as Case Coordinator. Those attending the case conference will want to recommend who this person should be; the court must make the official appointment.

While answering to the court, the Coordinator is in full charge of the treatment program and will steer it through all phases of treatment and later follow-up. There are four reasons for having a Case Coordinator: (1) The treatment plan will be followed more closely if one person clearly is responsible and has been given the authority by the court to carry it out or to make other recommendations. (2) Family members know who to turn to and the Coordinator and the family can get to know each other well. (3)

Why A Case Coordinator?

The appointment of a Coordinator saves the court from having to relate to all the people involved all the time, since it can do so only at intervals. (4) The power of the court behind the Coordinator assures the collaboration of all individuals involved.

To accomplish all that is expected, it is important that the Case Coordinator have a holistic view of the case, have time available to coordinate the treatment plan, and have knowledge of, and access to, the resources needed.

Identifying Resources

In developing a treatment plan, it will be necessary for the members of the case conference to identify resources needed for the child and family.* Some can be provided by members of the extended family and by those attending the conference. Some may be available through other programs operating on the reservation. However, certain resources which a disturbed youngster or family needs may not exist on the reservation. When this occurs, case conference members will want to locate off-reservation facilities which could provide those services and recommend that the tribe contract for them.

Relating to
Off-Reservation
Agencies

Whenever off-reservation facilities are used, it is absolutely necessary that the court or Case Coordinator monitor and appraise the quality of the services. This includes insuring that tribal helpers are allowed to visit frequently and to maintain personal contact with the child or family member being treated there. Therefore, the off-reservation people must accept the role and authority of the Case Coordinator. They must also participate in overall meetings with the team providing the treatment.

Most vital, of course, will be the sensitivity of off-reservation professionals to tribal culture and customs and their respect for the life styles of a tribe. Indian personnel can help in establishing successful working relationships with these professionals.

* See chapter on Resources.

Sharing Perspectives of Reality

The treatment plan must be discussed with the family and, to the extent possible, with the child/adolescent involved. A treatment plan is less likely to be successful if it is opposed by those it is supposed to help.

"I see it this
way. How do
you see it?"

A case may look different to each of the persons involved in seeking solutions for a certain child. THE WAY EACH PARENT SEES THE SITUATION, THE WAY MEMBERS OF THE EXTENDED FAMILY SEE IT, THE WAY THE CHILD SEES IT MAY DIFFER GREATLY FROM HOW THE COURT AND THE SOCIAL SERVICE PERSONNEL VIEW THE SITUATION. IT IS FOR THIS REASON THAT GREAT EFFORTS MUST BE MADE TO HELP EVERYONE INVOLVED UNDERSTAND THE TREATMENT PLAN AND THE GOALS THAT ARE BEING PURSUED. Mutual trust may need to be gained gradually. If a child is placed in a foster home, for instance, the foster parents must be provided with the Case Coordinator's view of the situation. The caretakers, the natural parents and the Case Coordinator can only work together well if they communicate frequently, openly and honestly with each other and work from a shared perspective.

Open communication and the feedback among members of the treatment team will ensure that over-idealized treatment plans are brought down to earth and adapted to what is actually available and to what can be expected more realistically. For example, if a social worker in a rural area has an overwhelming caseload (as is often true), there is no way that the worker can be expected to make frequent visits to a foster home. A treatment plan which includes such an unrealistic element is not based on sound thinking and should be reviewed and altered so that it can be carried out. Similarly, sometimes a child may require more care than a family can provide and may need to be admitted to a residential facility, such as a group home or a treatment center. If the waiting time for admission is found to be 6-10 months, the treatment plan should be reviewed to see what can be done for the child in the meantime.

Periodic Review

Any treatment plan must contain a procedure and timetable for review. Everyone concerned—the Coordinator, the treatment team, the family, the youngster and the court—should at regular intervals, or as needed, review the progress of the youngster and the family, as well as the success and apparent effectiveness of the treatment plan. It should be remembered that *change quite often is slow in coming*. Lack of immediate improvement does not necessarily mean that the plan has to be altered. However, the people working with the youngster should be able to justify that things are going well *under the circumstances*. The very diversity of the treatment team is likely to provide a range of evaluations of the treatment plan, allowing the judge, or Coordinator, to see either that patience is indicated or that it is no longer realistic.

THE ROLE OF THE TRIBAL COURT: JUDICIAL REVIEW

Once the treatment plan has been agreed upon by the case conference members, this plan should be reviewed by the tribal judge in court and certified. The judge will want to check that all initial studies were indeed thorough and culturally fair to the child and his/her family. Furthermore, the treatment plan must make sense to the judge, and the court hearing may involve questioning some of the professionals about their findings and recommendations. (The court always has the option of sending the case back for further study if it finds that the initial studies were done improperly. However, it is vital to remember that, to a child, time is of the essence.)

In reviewing the treatment plan, the court must remain sensitive to the fact that the mere solution of a current problem may not be enough to prevent the development of other, sometimes more serious, problems as a youngster grows. Hence, consideration of developmental issues, discussed in the last chapter, is important in gaining a long term perspective. For example, as long as an aggressive, angry child is in a setting where there is someone big

enough to physically control the child, the youngster's anger and aggression may go underground, and the child may be judged to be doing fine. However, as he/she grows and becomes as big or bigger than adults, the youngster will not have learned to control his/her own impulses and then may go out of control. A developmental view, anticipating this, would include treatment aimed at teaching control of internal impulses, reducing underlying anger and aggression by talking out angry feelings rather than acting on them and getting rid of excess physical energy through sports and work.

Making sure that an adequate case study has been made and that an appropriate, comprehensive treatment plan has resulted is an important function of the tribal court. When the study and plan are done correctly, there will be a more effective and efficient use of often scarce tribal resources. Money will be saved. The need for further court appearances will be reduced. And the court will be under less pressure to respond to an emergency situation through piecemeal moves which deal with the current crisis but are not likely to help the youngster or solve his/her problems over the long term. The case of Daryl, presented later in this manual, demonstrates dramatically that this very disturbed adolescent might have been helped considerably if the court, when first hearing his case, had insisted on an adequate case study and supported the comprehensive treatment plan the study should have recommended.

To some, this may sound very cumbersome. However, long experience has shown the disastrous effects or, at very best, the ineffectiveness of plans made in a hurry to respond to a crisis situation based on only a few, even though seemingly compelling, facts.

During its judicial review, the court will appoint a Case Coordinator to assure that its orders are indeed carried out. The court will decide whether to appoint the Coordinator suggested by case conference participants or whether someone else would be better suited for this function. In making this appointment, the judge should clarify that the Case Coordinator has the authority of the court behind him/her.

In summary, any court decision to intervene should be

Benefits of
Careful Case
Studies and
Treatment
Plans

Appointment
of the Case
Coordinator

Review of the
Studies and
Treatment
Plan

Developmental
View Lends
Perspective

made on the basis of an adequate, holistic case study and treatment plan. The mental health and social service professionals do the study, propose the plan and provide the treatment, but the court decides what actually will be done and sees to it that this decision is carried out.

JUDICIAL FOLLOW-UP

After the treatment plan has been completed and a reasonable time has passed—say six months to a year—the court will want to order that follow-up studies be done to see what has happened to the youngster and family. Much can be learned from these studies, particularly if they address themselves to what needs may have been overlooked or not properly attended to. The social service and psychiatric/psychological team members will receive much inservice training from such studies. At the same time, the judge will obtain a basis for possible requests to be made of the tribal government for additional helping facilities, recreational programs, new tribal laws, etc.

MORE THAN GOOD INTENTIONS

In closing, it should be stressed that the responsibilities of tribal judges are demanding ones. They need to understand the development and needs of children and the important aspects of their families. They must understand the various treatment tools which may be used and must know something about how effective each tool is. They must be aware of all kinds of tribal resources and how and when to use them. They must be able to maintain an overview of a complex process which must take place in accord with tribal customs, ideas, laws, and geographic and financial realities. To assure that the tribal judges have the experience to do all this, a number of tribes have chosen to set up special Juvenile and Family Courts, a move which other tribes may also want to consider.

One issue which may come up is the difficulty of getting people to contact the court about a given youngster. (It is hard in smaller communities to hide who made the first report.) Here it may help if the Juvenile Judge is a travelling judge, so that he or she can be contacted outside the

immediate community. It is hoped, however, that the Indian community at large will gradually discover that the function of the court is a helping one, rather than one of sitting in judgment.

Clearly, the responsibilities of helping children grow up well—or better—are awesome ones, requiring more than good intentions, as we have tried to demonstrate in this chapter.

(This chapter was based on information provided by Povl Toussier, M.D.; Marlene EchoHawk, Ph.D.; and Ben Ezra Green, M.D.)

Consider a
Juvenile
Court



Owen Seumplewa

CHAPTER THREE: Introduction To The Case Studies

In the following pages, three case studies are presented. They involve neglect of an infant, custody of a young child and delinquency of a teenager. The facts have been drawn from actual cases and also from the knowledge and experience of the child welfare workers who came to the Warm Springs Seminar. The case studies do not, and could not, represent *all* of the situations which tribal social service and court personnel encounter. However, the situations we have chosen rank high on the roster of types of cases which regularly challenge tribal workers. They have been selected for that reason.

Every abuse/neglect, custody and delinquency case handled in real life will contain many elements which differ from those presented here. Our goal in describing and discussing these cases has been to identify as many elements as possible which are *common* to each type of case—workers will probably encounter them regardless of individual differences which may exist. It is our belief and hope that discussion of ways to deal with these common, basic elements of cases will contribute to their successful solution. The differences need to be left up to individual tribal coping techniques.

The cases which follow reflect reality: you win some, and you lose some. The first case, involving a young neglecting mother, has a hopeful outlook. The outcome of the custody case is uncertain. And at the dark end of the spectrum, any hope of salvaging Daryl, the adolescent glue sniffer, seems dim indeed. What we have tried to demonstrate is *why* each case turned out as it did. What was done right for the young mother? What was not done, or done wrong, for Daryl? Based on the principles and guidelines laid out in our first chapter on child development and our second chapter, "Approaching a Case," we will try to bring theories down to earth in the case studies.

We hope that this combination of theory and reality will open up some fresh alternatives in handling similar cases, as well as warnings about what to avoid.

You may know other ways to deal with cases which work just as well as the ways described. You may know ways which work even better for your people. But if you are interested in some alternatives, perhaps this case study approach will offer some fresh approaches for you.

CHAPTER FOUR: Neglect: Child and Parent

Jaye is an 18-year-old full-blood Indian woman belonging to a mid-western tribe. Her parents were divorced when she was six years old. Jaye continued to live with her mother and younger brother. Jaye's mother moved off the reservation immediately after the divorce, and for the past twelve years, she has moved back and forth between the reservation and the city. She is now unemployed.

Jaye does not feel strongly identified with her tribe. She began smoking and drinking at age 14. At 16, she dropped out of school, yet continued to live at home. At 17, she became pregnant. This was her first pregnancy. She smoked and drank steadily during her pregnancy and was not interested in keeping appointments for prenatal care.

Jaye's child, a boy named Tommy, was born six weeks premature, weighing only four pounds, two ounces. The birth was uneventful, but the child did poorly. He was in an incubator for two weeks and in the hospital for a third week.

Jaye was discharged four days after delivery and went home to live by herself, since her mother was on one of her periodic stays in the city. Tommy was discharged three weeks after his birth, weighing four pounds and fourteen ounces. Visits to the hospital nursery during these three weeks were encouraged by the nursing staff, but Jaye seldom visited, making a variety of excuses.

Jaye returned to the hospital with Tommy two weeks after he had been discharged. The baby had lost two ounces. The hospital pediatrician examined him, found that he had a good suck and determined that the weight loss was due to inadequate feeding. A nurse gave Jaye nutritional advice and made an appointment for her in another two weeks. However, the poor weight gain continued and Tommy was hospitalized again when the doctor saw him next—one month after the initial discharge.

In the hospital, Tommy gained weight well and after ten days he was discharged, to be followed up as an outpatient. But his weight gain continued to be poor over the following weeks, and he developed skin infections. Jaye missed a number of follow-up visits over the next three months. When she did show up, she seemed apathetic and dejected to the nursing staff.

The hospital pediatrician asked the tribal social services agency to intervene. A home visit was made by a public health nurse because of Jaye's missed visits. The nurse's concern over the quality of care Tommy was getting from his mother caused his readmittance to the hospital at age four months for failure to thrive and skin infections.

Because the nurse raised the question of child neglect at this time, tribal social services arranged for Jaye to be interviewed by a psychiatrist. During the interview, Jaye admitted to sleep disturbance, low energy level and bleak thoughts about her future. She said she had been witched by a tribal member who disliked her and that this was responsible for Tommy's poor health. Jaye's mother, back from the city, was also interviewed. It was clear that she had long-standing concerns about her daughter and now about her grandchild. She seemed relieved to tell someone that she and Jaye had been relating poorly to each other ever since Jaye reached adolescence.

The tribal social services director raised with the tribal judge the possibility of an impending neglect case coming before the court. In the hope of helping Jaye deal with her problems *without* a court confrontation, the judge ordered the convening of a case conference. The conference was attended by a tribal court representative, Jaye's psychiatrist, the public health nurse who had made the home visits, a tribal child protection worker (trained in handling abuse and neglect and with access to a placement network), a hospital social worker, an Indian clinic

outreach worker (skilled in helping families and treating substance abuse), and Jaye and her mother.

The group agreed that the tribal child protection worker should serve as the Case Coordinator. It was decided that since Jaye had been diagnosed as depressed by the psychiatrist, she should continue seeing him for medication and therapy. Jaye and her mother agreed to regular contacts with the Indian outreach worker, with the goals of improving their relationship and encouraging Jaye's mother to help with child care while Jaye entered a technical vocational institute. A medicine man was contacted and involved in a dewitching ceremony.

Due to Jaye's history of drinking, a chemical dependency evaluation was obtained. It was then decided that Jay's depression was of primary importance and should be treated first. The psychiatrist hoped that her alcohol abuse would lessen as this occurred. Tribal child protection services decided that it would be best to monitor Tommy at home.

While all members of the team would continue to provide services to Jaye, Tommy and Jaye's mother, a follow-up conference was scheduled to be held in six months. Jaye's and Tommy's progress would be re-evaluated at that time.

* * *

Further insights into Jaye's case are provided in the following dramatized monologue which was offered at the Warm Springs Seminar.

JAYE'S VIEWPOINT

Stage Setting:

1. A tape of a baby crying is playing.
2. An Indian clinic outreach worker takes Jaye to the medicine man and introduces her to him.
3. The medicine man smiles warmly at Jaye, extends his hand and says, "My daughter, I am so glad to see you."
4. They both sit quietly for a short while. Then he says, "I know you are troubled, my daughter. Sometimes life is so complicated. Being young and not having guidance can be so lonely."

Jaye speaks: "I came to you because I want to learn the true Indian way of life. I want to know about myself. I want to be a good human being. I want to learn to love my baby and to be a good mother. All those people tell me that I am not a good mother. They tell me how to be a good mother, but I don't understand them.

I remember when I was very young, my mother and father used to fight all the time. My father used to beat on my mother a lot. My father left us when my brother was just a baby. I used to wonder where my father was. I really never ever knew what tribe he belonged to. I never ever knew who my relatives were. One time, when I was about 12 years old, I tried to locate my relatives on my father's side. I asked my mother what his parents' names were. She told me. I placed a call to my grandparents. My grandma was very mean to me. She told me to leave them alone and not to bother them. She said my father was doing better without us and to leave him alone and hung up on me.

After my father left, my mother started to drink a lot. She never really took care of my little brother. I used to worry about my little brother. I never knew what to do when he got sick. There were so many times when my mother would leave us alone. She would go to the bars and spend all of our money. I hate my mother. She was never around when I needed her. She would come home drunk; she would bring all her ugly drunk friends home with her too. I used to be so scared. When my mother would pass out, those ugly men would try to touch me, and they used to make awful advances to me. I wanted so much for my mother to wake up and protect me.

My mother would be sick all of the time. In the mornings after her parties, she would holler for me. I would have to bring drinks up to her before she could get out of bed. She never ever got up out of bed in the mornings to fix breakfast for my little brother or myself. I would have to make sure that my brother ate breakfast before I could leave to go to school. I really liked school. I looked forward to seeing my friends. But my teachers would always put me down. They called me stupid and told me I wouldn't amount to anything. If they only knew that so many times I had to stay up all night just taking

care of my drunk mother and protecting myself from those ugly men friends of hers.

My brother hates my mother too. He always hits on her when she is drunk. He's twelve now. I worry so much about him. He never makes it to school all the time either. He has been in trouble with the police a lot.

When I was eight years old, the police and a social worker came and took me and my brother to a white foster home way out in the country. Those foster parents were really mean to us. We tried to run away several times, but they always caught us and brought us back to their house. They would whip us with a rubber hose and put us to bed without dinner. I was really scared of them. I used to pray real hard that my mother would come and get us. My brother and I were in that foster home for two years. One day my mother came by to see us and kidnapped us. We didn't have to return to that foster home, but were placed with mom's sister.

Auntie was married to a white man. They didn't get along very well. He used to put her down a lot because she was Indian, and he really didn't want us around because we were Indians. Mom finally got custody of us when I was twelve and my brother was six.

After I got a little older, my mother would invite me to accompany her to the local bar where she would hang out. All those men used to buy my mother drinks so they could talk to me. I hated all of them. They made me sick to my stomach. If I refused to go with my mother, she would hit on me. One time when my mother passed out, one of her boyfriends made me go to bed with him. He said he would kill me if I didn't. I hate my mother for not helping.

I guess I got pregnant with this boy I used to know. I didn't care so much about having sex; I just wanted to feel close to somebody, and I guess he did too. But he went off to the city without telling me, and I guess he's not coming back.

I didn't know I was pregnant. I used to get sick a lot. I would be sick to my stomach. My aunt asked me one day what was wrong. I didn't know, so she made me get a check-up. That is when the doctor told me I was pregnant. I was really scared to tell my mother. I wanted the baby till my boyfriend went away. When he left, I just felt like I was

all alone and nobody cared about me. So why should I care about the baby?

All those people are saying I am not a fit mother. Don't they understand I don't want to be a mother? Don't they know that I need a mother; that I need somebody to care for me?"

* * *

The medicine man talks to Jaye about the Indian way of life and how it can help to support and strengthen her.

DISCUSSION OF THE CASE OF JAYE:

Several points are important in considering cases of child abuse and neglect:*

- In a situation where the life of the child is threatened, the first *absolute* priority is to protect that child, probably by removal from the home into emergency placement.

- Parents do not intend to destroy their children. They are simply unable to cope with raising them.

- The goal in such cases is to help parents, not to punish them. Problems need to be spotted early, before the children are seriously harmed; then intervention should come in a positive, helpful manner. Threatening or punishing the parents will only increase the stresses that are creating the problem in the first place.

- As had been said before, effective intervention requires collaboration among the different helpers. For Indian families, all of these helpers must bear in mind the importance of traditional child-rearing ways.

These points have practical implications which become clear in a review of Jaye's case. In order to help Jaye and protect her baby, a full assessment of her situation must be made:

(a) Is the neglect (and/or injury) caused by ignorance, accident or has it been done intentionally?

* A more extensive look at abuse and neglect cases may be found in Appendix A, "Further Readings."

(b) Next, is the family situation one in which abuse or neglect is likely to occur again?

(c) Is the home safe for the child?

(d) Can the home be made safer? How?

To answer these questions about Jaye, data is needed from her doctor's observations and medical studies of her and the baby. The nurses will have input, as will the social workers who evaluate the family as a whole. The medicine man will be able to contribute as well. With older children, contributions from nursery or school teachers can be helpful and should be included. More in-depth assessment from a psychiatrist or psychologist may also be indicated. AGAIN, THIS DATA MUST BE SCREENED THROUGH INDIAN WAYS AND VIEWS. CHILD ABUSE AND NEGLECT ARE FACTS IN ANY CULTURE, BUT APPROPRIATE ASSESSMENT OF CAUSES AND METHODS OF TREATMENT VARY AMONG CULTURES AND REQUIRE RESPECT.

Intervention with Jaye should have started early in her pregnancy. She should have been recognized as a potentially abusive or neglectful parent because she was so young and did not have the support of a husband in a stable marriage. Nor was she close to her mother or other relatives at that time. In fact, she had been neglected by her mother since childhood, as her mother had been neglected—the pattern went back for generations. Thus, while still a child herself, a child without supports or help, Jaye had to take on the roles of both adult and mother. Even though she had to act as a mother to her younger brother, she still had never had anyone to pattern mothering behaviors on. It should have been seen that she would become more and more isolated and less and less able to function as a parent to her coming child.

Further, her continued alcohol abuse during pregnancy was a warning sign. When pregnant women drink heavily, fetal alcohol syndrome can occur, resulting in birth defects and mental retardation in the children. Although Jaye's baby did not have fetal alcohol syndrome, someone should have noticed a lonely, pregnant young girl who was drinking too much. Also, Jaye was a heavy smoker; and heavy smoking is suspected to cause low birth weight in newborn babies. Because of all these signs, a special

effort should have been made to help Jaye early in her pregnancy and to try to deal with the factors in her life which placed her—and her coming child—at risk.

Premature Baby—and Mother

Jaye went into labor prematurely, and the baby was roughly three pounds under average birth weight. Premature infants have a lower survival rate, and there is evidence that there may be more problems in the development of normal attachments between them and their mothers. Separating mother and baby can add to this problem. In Jaye's case, she was discharged from the hospital without the baby, who needed extra care. She was encouraged to visit frequently and learn to care for the child herself. Her failure to do this was another sign that she was likely to have problems with mothering.

In some facilities, child protective services come into play as soon as it is clear that a mother-infant relationship is not going well. They get involved before mother and child leave the hospital; then there is follow-up by home community workers and public health nurses who help make sure that mother and child continue to do well together. If Jaye had been recognized as a potentially neglectful mother early in her pregnancy, these support services could have been started as soon as Tommy was born. Later problems might then have been avoided.

But in Jaye's case, it became necessary to send the baby back to the hospital because of his insufficient weight gain (often called failure to thrive). With these infants, it is important to discover the cause of this problem. A medical examination should be done to rule out physical causes (such as kidney or heart disease) which might explain the lack of weight gain. In addition, intense nurturing—holding, cuddling, talking, eye contact—are important in the hospital. If the child responds and does well in this situation, it is safe to assume that the problem lies with the parent(s), and intensive work with them should be started.

Because the hospital staff suspected that Jaye was neglecting her baby, she was referred to a mental health worker (in this case, a psychiatrist) for evaluation. He

Early Signs of
Trouble

Separating
Physical
Ailments
from
Symptoms of
Neglect

Healers Can
Link Children
to their
Ancestors

thought that her low mood, fatigue, sleep disturbance and pessimistic attitude were due to severe depression. Antidepressant medication was prescribed and, in this case, was helpful. More helpful, very probably, was the attention paid to Jaye's social problems and the search for strengths in her family and tribe. For example, because she attributed the poor health of her child to witching by another tribal member, a medicine man held a dewitching ceremony. Traditionally, certain healers provide important tribal ceremonies to pregnant women. The healer can help a young mother to understand and treat her ancestors with respect. He can link the child to the mother's ancestors, thus giving the child a special meaning.

The Family's Role

Child abuse and neglect should be viewed as symptoms of a family crisis. To help Jaye better protect her child, it was necessary to seek out strengths in her and her family which could be built upon. Resources from outside the family were needed for this. For example, when Jaye's mother rallied round and expressed concern about Jaye and her grandchild, an outreach worker started contact between mother and daughter, giving them help and support in caring for the child. When Jaye expressed an interest in job training, arrangements were made for her to get more practical education. With it, she could become more competent, gain some badly needed self-esteem and look forward to independence.

It is important to involve fathers as actively as possible in neglect cases, whether or not the couple is formally married. This not only provides support for the mother but strengthens the traditional emphasis on the connectedness of families. From the case history, it is not clear whether Tommy's father knew about Jaye's pregnancy before he left for the city. Efforts should have been made to let the father know about Jaye's pregnancy. If he wanted to help, his support should have been nurtured.

In addition, other family members could have been looked to as helping resources in Jaye's case. Grandmothers have traditionally provided vital teaching to young mothers and children. Uncles can be helpful as

Utilize the
Extended
Family

substitute fathers, teachers and providers of discipline as the child grows. Extended family can also offer a substitute home for a baby, if necessary, while a young mother matures.



U.S. Department of Health and Human Services

Involve the
Father

Helping Resources From Outside The Family

In child abuse and neglect cases especially, communication and cooperative and constructive involvement by everyone concerned are essential. This cannot be emphasized too strongly, for *the consequences of non-communication can be fatal to a child.*

Note that in Jaye's case, a conference was held with many people attending—a tribal court representative, a psychiatrist, a public health nurse, a tribal child protection worker, a hospital social worker, an Indian clinic outreach worker, and Jaye and her mother. A conference such as this one provides the best insurance that all the data necessary for a complete case study is pooled and available; it also opens up communication among everyone who will be playing a role in the case. It is important that each person's role be clearly identified through group discussion and a Case Coordinator selected so that neither gaps nor overlaps occur. (In Jaye's case, the tribal child protection worker took on this role.)

Although a tribal court representative was involved in the conference concerning Jaye, the court was utilized in a very special way. The tribal social services director spoke to the tribal judge about the possibility of Jaye's case coming to court if help were not provided. The judge used his authority to *avoid a court confrontation*; he ordered a conference to be convened.

The court should not be looked to as the first resort in cases of abuse and neglect. Rather, the court should only become involved when a home is clearly unsafe for a child, and time is needed to make it safe. In these situations, a dependency petition should be submitted to the court by protective services.* The question is, "Can the court be helpful in this case?" rather than "Do we have enough evidence to go to court?" As South Dakota Judge James Delaney said recently, "*There are more and better ways to assess a case than going into an adversary court situation.*"

* For sample dependency and other petitions, see the excerpt from the *Indian Court Judges Bench Book* in Appendix A.

ADEQUATE CASE STUDY HELPS A COURT DECIDE WHAT TO DO ABOUT A PROBLEM. THE COURT CAN ALSO BE HELPFUL IN IDENTIFYING RESOURCES. WHEN THE COURT DOES BECOME INVOLVED IN AN ABUSE/NEGLECT CASE, IT NEEDS TO KEEP IN MIND THAT ITS FUNCTION IS TO INTEGRATE FAMILIES—NOT TO PUNISH PARENTS. ITS AUTHORITY IS TO BE USED TO FORCE FAMILY CHANGE AS A LAST RESORT, WHEN FAMILIES FAIL TO ALLOW CHILDREN TO GROW SAFELY IN THEIR HOMES.

Other resources were not used for Jaye because they were not thought necessary or were not available. These include emergency services (such as foster care) and child development services (including parenting education and day care). When such services are not available, tribal elders may be approached to persuade tribal agencies that these resources should be developed. All services, of course, should be suited to the needs of individual families, for some Indian people complain about lack of privacy and feel intimidated by too many resources at one time.

The question of confidentiality will frequently be raised in connection with child abuse and neglect, especially when outside resources are involved. Since there is legal obligation to report neglect and abuse, confidentiality cannot always be guaranteed. It is best to discuss this openly with the people you are trying to help. They need to be told when a report has been filed with protective services and that this report represents a referral of the family for services which will now be offered to them. In other words, they should know that the helping arm of the community now recognizes that the family has a serious problem with protecting their child(ren) and is, at the same time, offering help. The helper can also explain that the report has laid an obligation on the helper which he or she is bound to fulfill.

Jaye's case history ended with the development of a treatment plan in which many helpers and services were involved. Note too that a date was set for a follow-up conference. This follow-up will involve primary medical care, social services and nursing assistance. Collaboration among the different helpers will still be essential, and

Court is not
the First
Resort

Cases Will
Need
Follow-Up

there may be a need for more conferences among them.

The case of Jaye is a successful one. Why? Because her problems were recognized early enough to be corrected. Because the tribal judge used his authority to convene a conference of those able to help. Because these helpers worked together to treat the *whole* family situation. Because all the resources of the extended family and tribe joined together in an effort to recognize the strengths of Jaye's family.

(Information for the Discussion of the Case of Jaye was provided by Michael Koch, M.D. and Charlotte Goodluck.)



Owen Seumplewa

CHAPTER FIVE: Johnny: Custody Issues

Johnny was four years old when his parents divorced. His mother, Susie, is an Indian. Her parents are prominent and respected tribal leaders. Her grandparents are traditional spiritual leaders of the tribe, and she was reared and educated in the traditional tribal culture. Johnny's father, Joe, is white. His parents are fairly liberal people who hold no religious beliefs and are not in touch with their cultural roots. They moved to the reservation as teachers because the pay was more than they had ever earned.

Susie took an interest in Joe and befriended him because she felt sorry for him. He was an outcast in the Indian society because he had no respect for tribal ways of life. As Susie's family learned of the lifestyle of Joe and his parents, they became extremely worried about their daughter. They tried hard to discourage the relationship, but in trying to break it up, they only reinforced Susie's loyalty to Joe. On the other hand, Joe's parents were pleased that their son finally had found a friend and allowed Susie to stay at their house whenever she had disagreements with her parents.

After many conflicts with her family, Susie moved in with Joe and his family. His parents allowed the couple to live in their home for a few years before they legally married. Both Susie and Joe were irresponsible at times. They were impulsive and experimented with drugs. They married when Susie became pregnant and continued to live with Joe's parents after the birth of the baby, Johnny. The white grandparents helped take care of Johnny during the first two years of his life.

When Johnny was two years old, Susie and Joe left Joe's family home and moved to an urban area for job training. Soon afterwards, conflict began between them. The next two years were a time of periodic fights, separations and temporary reconciliations. Joe did not want to be tied down to one woman. Susie found life in a large city lonely. She missed her family and began to want Johnny to grow up in a happy environment. After a battle in

which Joe beat her up badly, she made up her mind to divorce him, was given custody of Johnny by mutual agreement and returned with him to the reservation. Johnny was four years old at the time.

Susie's family had been very sad about the way Joe had treated their daughter and were overjoyed when she returned to them. She and Johnny had lived on the reservation for one year when Joe and his parents drove up to the house and, despite protests from Susie's grandmother, placed Johnny in their pick-up truck and took him home with them. Joe and his parents no longer lived on the reservation.

Susie was furious at her ex-husband's action and called the tribal police. They came to her home, interviewed her and her grandmother about what had happened and referred them to tribal legal services. On Susie's behalf, tribal legal services sued Joe through the tribal court to regain custody of Johnny. Joe, at his parents' urging, refused to honor the tribal court's suit and filed his own custody suit with the state court. The state court then sent Susie an order to appear in one month.

Not wanting to wait this long, tribal legal services asked the state court for an earlier hearing to request the transfer of jurisdiction from the state to the tribe. At this hearing, Susie's attorney pointed out that, based on the Indian Child Welfare Act, jurisdiction belonged to the tribe. The state court judge agreed.

Thus, six weeks after Johnny had been removed from his reservation home, a preliminary hearing was held in tribal court. The judge ordered a child psychiatrist to make an evaluation of Johnny and each of his sets of parents and grandparents. The psychiatrist was then to recommend where Johnny would best be placed and what visiting arrangements would be healthiest.

The evaluation revealed the following: Joe admitted to having been irresponsible—drinking, using drugs and getting in trouble with the law. But he claimed to have been “saved” six months ago. He was now a Christian, he said, and no longer did these things. He was remarried to an equally religious white wife and felt an obligation to “save” Johnny from what he saw as the pagan religion that Susie and her family practiced. He said that her

religion involved incest, alcoholism and regular use of peyote. Joe's parents supported these views. They, in fact, felt that the care of Johnny should be given to them, since they had been his “true” parents when neither of his natural parents had been behaving responsibly.

Susie, who had also remarried by now, denied all these accusations. She pointed out that she had cared for Johnny for a year when Joe refused to pay any support and that he had kidnapped Johnny with no regard for the child's feelings or hers. Susie admitted that, in the past, she had tried drugs and used alcohol when lonely. She also said she had had an affair when Joe was bragging about his conquests. But now that she has remarried, she has more self-esteem and says she no longer does such things.

DISCUSSION OF THE CASE OF JOHNNY

Three points are essential in thinking about custody determination.

First—CHILDREN ARE NOT SIMPLY LITTLE ADULTS. Their needs and functioning differ greatly from adults—they are vulnerable, dependent and unable to speak out for themselves and express their feelings. Their world is a small one, and they sense what is happening around them as something either directly done to them or caused by them. For example, if their parents are separated, the children think it is because they were bad. Also, as we discussed in the chapter on child development, their sense of time is not based on clocks or calendars but on their own urgent needs for love and security. A six-month evaluation period (prior to making a custody decision) is an enormously long time for a child's life to run without clarity or direction. Important developmental changes will be taking place, but not in normal ways.

In practical terms, then, the tribal court should recognize that what might seem like a speedy custody decision to adults—say, one month—may seem like a year to young children and would have critical effects on their emotional health. In Johnny's case especially, the time factor is critical. Because of the problems with jurisdic-

Time Factor
is Critical

tion, six weeks have already passed. Therefore, the court should insure that evaluations are done immediately.

Second—THE NEEDS AND INTERESTS OF THE CHILD, EACH PARENT AND THE TRIBE DO NOT NECESSARILY COINCIDE AND MAY EVEN CLASH. IT IS THE CHILD'S NEEDS AND INTERESTS WHICH MUST BE GIVEN PRIORITY. Therefore, the tribal court should appoint a legal guardian, called a "guardian ad litem," for Johnny. This person is usually a lawyer whose sole responsibility is to serve Johnny's needs and interests over and above those of his parents and the tribe. The guardian ad litem (if not a tribal member already) should have access to a respected member of Susie's tribe to aid him or her in understanding its culture. (If the guardian is Indian, he or she may need access to someone who can help in understanding certain aspects of white culture.)

In addition, the court should appoint a child expert—a psychiatrist, a psychologist or a social worker who is trained in child development. This person should also either be familiar with the parents' cultural backgrounds or have access to people who are. The role of the child expert is to recommend to the court who should have custody of Johnny. To do this, the expert will need certain information which the court will order:

- home studies, made by a social service agency, of Johnny's mother's and father's present homes
- reports from schools or, in Johnny's case, the pre-school programs he may have attended
- whatever medical information exists about Johnny's health

The child expert will also need to interview each of the key people in Johnny's life (see below).

Third—A CHILD'S ATTACHMENT TO KEY ADULT(S) IS AN ESSENTIAL PART OF DEVELOPMENT.

The child expert will interview Johnny, each of his parents, their new spouses and both sets of grandparents. The interviews should be organized from the viewpoint of the child's needs, and the report to the tribal court should center around the following:

- Which of the adults involved does Johnny look to as his caretaking parent? We know that Johnny was cared for by his mother, father and white grandparents (ages 0–2);

by his mother and father (2–4); and by his mother (4–5). The child expert will try to determine Johnny's primary attachment through several interviews with him. Interview techniques may include talk, play and the use of fantasy materials: dreams, pretending, drawing, puppets, etc.

The child expert will also be aware that Johnny is at an age when either Indian or white identities are developing in children of mixed blood. When a child has been attached mainly to the mother, identity will usually be patterned after hers. In Johnny's case, parenting has been both Indian and non-Indian. The expert will want to look at how deeply the child has become involved in each culture. Does he know his mother's tribal language or only English? Has he had a naming ceremony? Does he take part in rituals and dances? Though Johnny may not be able to verbalize it, it is vital to find out how Indian—or how white—he feels himself to be.

- How well has, and is, Johnny's parenting being done? This can be answered by looking at how Johnny has developed physically, emotionally and socially. As always, cultural factors should be taken into account. The adequacy of his development will reflect how well the adult(s) he feels most attached to can meet his needs.

- How does each parent feel about allowing Johnny to maintain a relationship with the other parent? The expert will need to assess each parent's ability to separate personal needs and feelings from Johnny's need to keep his access to both parents. This is a vital concern, since there is growing evidence that the child who is helped to maintain a continuing relationship with the non-custodial parent, as well as with the parent who gains custody, tends to be less troubled later in life. Therefore, it is critical that, both in the evaluation process and during the final settlement, there be a concerted effort to reduce warfare between the parents. Parents and grandparents do not have to like each other in order to act in Johnny's best interests.

Recommendations to the Court

The child expert will summarize his/her report to the court, from the point of view of Johnny's needs, with one of the following custody recommendations:

1. That the mother and her new husband are best able to meet Johnny's needs, compared to the father and his new wife;

2. Or, that the father and his new wife are best able to meet Johnny's needs, compared to the mother and her new husband;

3. Or, that either of the parents can meet Johnny's needs and that, from Johnny's point of view, it doesn't matter which parent is given custody. In some cases, when both parents respect each other's backgrounds and can work well together to raise the child without friction, a joint custody arrangement has a good chance of working. However, in a case like Johnny's, this is clearly unlikely.

4. Or, that neither parent is suitable, but other caretakers, such as one of the sets of grandparents, are.*

The child expert will also make suggestions to the court about visiting rights. When custody of the child has been awarded to one of the natural parents, these recommendations could include:

1. Visitation with the other parent, with both parents fully in agreement;

2. Visitation with the other parent even though the parents are uneasy about the prospect; when this happens, the expert may suggest that the court order supportive services (for example, counseling) so that the child can keep his access to both parents;

* There may be some instances when none of the parties directly involved in a case will be suitable. When this occurs, the court will want to follow the order of preference for placing an Indian child which is listed in the Indian Child Welfare Act.

The court should keep in mind that "open adoption," in which many persons care for a child, is an ancient Indian practice. Rather than an individual versus individual, property-oriented approach, it reflects the Indian way of cooperation and sharing.

3. No visitation with the non-custodial parent. This recommendation should be made only when a parent is found to be so emotionally ill, or so full of hatred toward the other parent or the child, that the child would be likely to be injured by being exposed to him or her.

4. If the expert has recommended that custody be awarded to one set of grandparents (or other relatives), he or she should suggest what visiting rights the natural parents should have and what support services may be needed for this to occur in positive ways.

The Role of the Tribal Judge

When the child expert has presented to the court his/her recommendations and the reasons behind them, it is up to the judge to weigh them most carefully against all the other factors involved in the case as a whole. For example, if the child expert is non-Indian, have Indian cultural sensitivities been respected? Can elements of racial bias be detected which are prejudicing the "expert" in favor of one side of the case? The expert, in short, does not have the final word, and the judge's function is not simply to rubber stamp the expert's recommendations. The testimony, statements and perceived attitudes of the guardian ad litem, the investigating social workers, tribal healers, family members and other concerned parties will help balance the picture of the total case in the judge's mind.

There may be certain factors outside the realm of the expert's testimony which the judge will want to consider. For example, in this particular case, the judge will have a concern about the kidnapping of Johnny by his father and paternal grandparents. In deciding how much importance to place on this fact, the judge should recognize that Johnny—as a child with rights and needs—should not be moved around as a reward or as a punishment for the legal mistakes of his parents.

Too often, lawyers and judges establish an adversary atmosphere during custody cases. This is due to their mistaken belief that custody cases are like criminal cases—"there must be a 'right' side and a 'wrong' one . . .

there can only be one 'truth,' so one side must be lying, or the enemy." This viewpoint is terribly destructive. It promotes bitterness and warfare between parents with disastrous effects on the child. *The court process should be one of mediation, negotiation and arbitration.* Now that tribes are developing their own legal codes, they can insure that this successful process is mandated.

A Decision for Johnny?

Since this case study was not compiled entirely from actual facts, we have not risked stating how the judge finally ruled. The purpose of presenting the case and the discussion following it has been to state certain *considerations* which should go into presenting a custody case to a tribal court in order to help the judge make the most beneficial decision possible. We do not know what the findings of all the necessary studies would have been in the "Johnny" case, so we did not presume to reach a decision.

(Information for the Discussion of the Case of Johnny was provided by Carl Mindell, M.D.)



Michael D. Sullivan

CHAPTER SIX: Daryl: A Case Study of Adolescent Addiction and Delinquency

Daryl is a fourteen-year-old, full-blood Indian belonging to a west coast tribe. He is the younger of two sons of Mr. and Mrs. Ashby. For the first three years of his life, Daryl lived with his mother, father and brother in a large west coast city. But his parents divorced when he was three, and he has had no contact with his father since. Daryl continued to live with his mother in their city home. His older brother went to live with his maternal grandmother.

Mrs. Ashby has a history of chronic alcohol problems. Ever since the divorce, she has been marginally employed or on welfare.

At the age of twelve, Daryl was referred by his school to the state juvenile court because of longstanding and increasing discipline problems which resulted in occasional expulsions. He was failing in most subjects, and tests appeared to show that he had a learning disability. Besides being defiant and truant, he had run away from home several times. The court investigation revealed that Daryl had been sniffing solvents during the last year and generally appeared to be beyond adult control. With the court's reluctant consent, Mrs. Ashby and Daryl were allowed to move back to the reservation where she had grown up. She hoped that getting her son away from undesirable friends and temptations in the big city would help him to settle down.

However, Daryl's problems not only continued but worsened after the move. His solvent sniffing increased; he stole from his mother and others, lied, and continually ran away. He was repeatedly expelled from school for fighting and defying authority. One afternoon, when he might have been in school, he set several random fires in a

Move #1

Move #2

field. The fires burned out of control and destroyed a valuable fish-drying shed. For this he was brought before the tribal court which, it should be noted, had no juvenile division. The tribal judge placed Daryl with his mother's sister, who was an unstable and alcoholic person herself. Mrs. Ashby was offered treatment for her alcohol problem and a job as part of the treatment. (She soon lost the job.)

Move #3

Daryl's misbehavior continued, especially the sniffing, and the court moved him to the home of another reservation family for foster care. At the court's request, a social worker counselled with Daryl. His behavior improved briefly, mostly because the worker was able to spend a good deal of time with him. However when her case load became heavier, she no longer had much time for Daryl. When he began to run away again and was still found to be sniffing, the court moved him to a tribal group home.

Move #4

Here he made no friends and constantly defied most of the rules. He sniffed whenever he could get hold of solvents and was picked up for theft by tribal police after he had run away once again. On the advice of a psychological consultant, the tribal court placed Daryl in an adolescent psychiatric ward off the reservation for in-depth testing and evaluation. When he returned from the hospital after several months, he had had excellent physical and neurological workups which, apart from mild liver damage, yielded normal findings. However, the psychological and psychiatric evaluations had not been done, so no psychiatric diagnosis or recommendations came back with Daryl when he was discharged.

Move #5

Move #6

In its frustration, the tribal court then decided to send Daryl to an Indian boarding school in another state. He was expelled from this school after a few months, as he had shown all his old problems again, only more so. He had become much larger, but this did not seem to help his self esteem. Instead, since he was bigger, he could physically push adults around and therefore was even harder to control. In expelling Daryl, the school pointed out to the court that it had neither facilities nor staff to cope with as difficult and disturbed a youngster as this one.

Move #7

Daryl is now 14 and is again in the tribal group home, awaiting further plans about how to deal with him. His

sniffing, defiance, running away, stealing and other delinquent activities continue.

DARYL: A DISCUSSION OF THE CASE

Daryl's plight is all too common. It is the tragic result of too many people bumping into each other in the dark, losing the potentials each of them has to strengthen and support one another and, most importantly, Daryl himself. Daryl's mother, his extended family, the tribal court, tribal facilities and off-reservation agencies were all genuinely concerned about this boy. They wanted to help and did the best they could—they *thought*.

But what this case illustrates is that these efforts were piecemeal—one try at a time, with no coherent relationship or direction. From the start, there was no pattern, no coordinated approach to Daryl's problems. Rather, he has been moved continually from one home to another during the past two years. It is not surprising that his anger at the world has reached the level it has. From his point of view, it must seem that everybody is just trying to get rid of him.

Since this manual is not directed to workers in state juvenile courts, we will not address what might have been done for Daryl while he lived with his mother in the city. However, when they came to the reservation and Daryl was brought before the tribal court for setting a fire, it would have been appropriate to do diagnostic studies of Daryl and his family. Then a *treatment plan* could have been developed which would have taken Daryl's identified needs into account and mobilized the strengths of the family and tribe around them. But this was not done, and even later opportunities to intervene were lost.

If the court were to attempt to deal with Daryl *now* (at age 14), the first step would be to order a diagnostic study. The study would include at least:

- a history of Daryl's and his mother's current problems;
- a background and developmental history of Daryl. For instance, (1) the glue sniffing indicates that Daryl's early development suffered when he was born into a family with no outside supports; (2) Daryl lost his father early and could not firmly rely on his mother, though she was

clearly concerned about him; and (3) his earlier troubles multiplied when the urban school allegedly diagnosed his learning problems but did nothing to help him.

- an evaluation of the psychological strengths, weaknesses and needs of Daryl (testing which the off-reservation hospital was supposed to do but didn't). These would be determined by culturally appropriate psychiatric study or psychological testing. (For example, how did the loss of Daryl's father affect him? Did he feel anger? Guilt?)

- testing of Daryl's educational strengths, weaknesses and needs—again, taking both tribal and urban cultural factors into account as they are relevant.

- an appraisal of the strengths, weaknesses and needs of the immediate and extended family—for example, Daryl's mother's alcohol problem. This was probably rooted in depression fostered by earlier years of unmet emotional needs. Thus, how could she have developed the abilities of a good parent? On top of this, she had to struggle with the unrelieved burdens of single parenthood.

Some effort was made to help Mrs. Ashby on the reservation, but it doesn't seem to have had much effect—maybe because of a lack of coordinated follow-through, which would have included the work being done with Daryl. As Maxine Robbins of Yakima Social Services said recently, "Kids come to us because of the mental health problems of their parents."

Also, mental health workers should have explored the matter of his missing father with both Daryl and his mother. Should he or could he be searched for? Has he ever tried to make contact with his sons and been rebuffed? Since he was present in the family until Daryl was three, a deep and vital relationship may have been established between them. Its loss would be devastating, and any chance of reversing that loss must be seized.

On the side of the family's strengths, keep in mind that Mrs. Ashby was concerned enough about Daryl to return with him to the reservation after twelve years. This shows not only a real commitment to her child, but also a deep and abiding faith that the best source of help for her and her son lay with their own people. In short, she had the

strength to take action in a crisis. That strength should be encouraged and stimulated: *watch for your opportunities! Or create them.*

- a physical and neurological study, with additional examinations as required. In Daryl's case, this was done in the adolescent psychiatric ward.

This extensive diagnosis is not required for every child in every case, but it is needed whenever a tribal court has to make decisions for a child whose problems are as serious as Daryl's. Drug abuse is extremely serious in children. It has long-term effects on their physical development. If drug use is more than just experimental, it indicates serious psychological problems as well. A helpful treatment plan can only be devised if such critical factors are highlighted in the diagnostic studies.

The Treatment Plan

Since all cases differ, even cases roughly similar to Daryl's, we will briefly review here the primary bases of a good treatment plan. (See Chapter 2.) Then we will look more closely at some particular factors which can help shape that plan in a case like Daryl's.

First, you need to join together to work out a plan of action which addresses itself *directly* to the needs of the child and family (which surfaced in the diagnostic study described above).

Second, the plan should build on available strengths in the immediate and extended family. For example, Daryl's aunt was clearly willing to share parenting with his mother, and that is a strength. Her own alcohol problem made the situation shaky, though. Perhaps it would have helped if her strength had been assisted by counselling aimed at convincing her that she was truly needed—couldn't she refrain from drinking in the face of this need? Failing that, what about the maternal grandmother who is already raising Daryl's older brother?

Third, the plan should take advantage of pertinent available resources within the tribe: schools, tutors, elders, counselors, health personnel, recreational directors, social service/child welfare agencies—whatever exists should be pulled together. Off-reservation resources (like the

The Father is
Needed

Focus on the
Strengths in
the Family

psychiatric hospital) which are needed can be contracted for through the tribe.

Fourth, the plan should clearly define who will monitor it—the Case Coordinator we spoke of earlier—to make sure that it is working and to pinpoint any changes or additions it may need.

Looking Back at Daryl—and Ahead

This case illustrates several concerns which are shared by similar cases and which must be dealt with in practical ways:

1. The problems of "Who am I?" in a child who grows up away from the reservation and then returns there.

This is acute during adolescence when all children are working to establish independent identities. (See Chapter 1.)

Clearly, the return to the reservation was a shock for Daryl, and one that he was not able to deal with as his mother had hoped. How much of an Indian identity had he had in the city? What had it meant to him? Here he was being returned to "his people"—but neither his nor his mother's problems went away. His confusion, culture shock and disappointment must have been tremendous. Added to all this was his pain when the overburdened social worker who had seemed to care about him (and surely did) seemed to run out on him. Here he was supposed to be on his own home turf, but people were behaving just as they did in the city where he had spent his whole life.

What are the roots of identity? Primarily, one's parents, tribal traditions and culture and other adult models, such as relatives, teachers, coaches. Of all of these, whom did Daryl have? Of all those options, could any have been provided for him? Why didn't it happen?

2. The need to understand the link between addictive sniffing and other juvenile problems and the lack of recreation facilities and programs for young people on the reservation.

When children—and especially adolescents—are bored, they tend to get into mischief. The more alienated they are, like Daryl, the more they need access to activities, outside

Testing is
Only Part of
the Story

of school, where they can find structure, pleasure and self-esteem. This is true for all young people and can serve an important preventive function as well. Some programs which have worked well in directing adolescent energies are described in the "Resources" chapter which follows.

3. Educational testing in the white school system is limited because it deals only with dominant-society learning skills and fails to take into account the cultural background and context of the Indian child.

As you know, certain tribal languages have no vowels or vowel sounds. Others have no past or present tenses. So a child raised (as Daryl may have been) speaking such a language is at a real disadvantage with English. There is a danger that such a child will be improperly labelled as "retarded," stuck away in a "special" class and forgotten. With Daryl, the white school conducted tests, but following their "findings," did nothing to help him. It is quite likely that a child as disturbed as Daryl will have trouble in school, but such trouble may be the result of disturbances which have nothing to do with intelligence. The cause of Daryl's learning disability should have been determined. Then a well-thought-out treatment plan could have dealt with his emotional roadblocks first and introduced school books later on, when he was able to pay proper attention to them.

4. The need for a long-term, consistent contact person who will provide continuity and coordination for a child who must undergo a variety of placements.

Had such a person been available for Daryl, it is possible that he would not have had to endure all those placements. It was clear that he felt much better about life when the social worker was able to pay focussed attention to him. If a Case Coordinator had been there to make sure that *someone* stayed in close contact with him, Daryl could have had a real chance of making it. As it turned out, the social worker was just another unattached fragment in the chaotic non-plan. By seeming to betray Daryl, she set up a fresh sense in him of being abandoned and disappointed. As a result, he became angrier than ever.

5. Placement of a disturbed child with a member of the extended family may not always be the best solution.

We have mentioned Daryl's aunt briefly in the Treatment

A Confusion
of Identities

Plan section of this chapter, contrasting her strength (love for Daryl) and her weakness (alcoholism). In many cases, the extended family may be a vital source of help for kids in trouble. However, for Daryl, the choice of that particular family member wasn't the answer either. Like any other person, a relative does not necessarily come equipped to understand and deal with a child's complex needs, especially if the child has problems.

6. Bringing traditional healers into the picture.

If Daryl's and his mother's present religion does not stand in the way, a traditional tribal healer could be of help to them. If they do not feel comfortable with going to the healer, they may benefit from counselling within their own religion.

7. The need for inter-agency cooperation.

A treatment program must be designed to meet many needs, and the services of a number of agencies may be required. The dynamics of inter-agency cooperation were discussed in Chapter 2, but two points are worth adding.

First, a child's needs should be dealt with according to their severity. Therefore, while one agency may be needed at the start of a treatment program, another may not be needed until later on. For instance, if a child is behind in school, he will first need help to get over his feelings of "being dumb" or "unable to learn" before he can benefit from tutoring.

Second, on a political note, tribes are encountering state agencies which tell them, "Oh well, now that the Indian Child Welfare Act gives you jurisdiction over your kids, they are ineligible for state services and funds." THIS IS NOT TRUE. The 1974 Department of Health, Education and Welfare Program Instruction to all state agencies is still valid; it says, in short, that if these agencies do not provide the same services on-reservation as off, their funds will be cut back proportionately. The only eligibility requirement is that the tribal court state that a particular service or placement is "in the best interests of the child."

Court counselors and others should know, however, that whether written or oral, there must be definite agreements between tribes and state agencies about state social service provisions. The state social worker still has the responsibility to monitor use of state foster care dollars by foster

parents. He/she and the tribe must reach an agreement about how to do this—will the social worker do it directly, or will the tribe do the monitoring and report findings at stated intervals? Either way is okay, but the agreement(s) must exist and should be addressed in developing your team approach to a treatment plan.

8. In some instances, off-reservation facilities are a tribe's only option.

Few tribes can hope to set up all the conceivable service options which they may need. The tribal court, together with tribal social services, will want carefully to search for off-reservation treatment facilities and assign appropriate tribal personnel to work closely with these non-Indian staffs. Non-Indians genuinely may want to be sympathetic and helpful, but they cannot be effective unless they are helped to understand the customs, special needs and preferences of the tribe's children. It is only when they have this understanding and respect that the purposes of the court in making referrals can be fulfilled. Had this been true in Daryl's case, his placement in the off-reservation psychiatric ward would not have been as futile as it was.

9. The need for special tribal juvenile courts with access to psychiatric, psychological and social workers trained in helping children.

Tribal judges have said so often, "We don't have a separate juvenile court. I handle divorces, drunks and disorderlies, traffic cases—everything. I work a 60 hour week, and if I go on vacation, they just shut the whole place down and turn everybody loose. A juvenile case takes two or three hour sittings every time, and with my case load, I don't have the time for that, and I don't have the training."

The American Indian Lawyers Training Program, in a 1977 study, reported that only 32 tribes had separate juvenile courts. In 1976, 69% of all tribal judges had had no training of any kind for their jobs, and they expressed a need for local training. An enormous responsibility rests with tribal judges who deal with juvenile cases, and an extremely high proportion of juvenile cases (versus other kinds) prevails, especially since passage of the Indian Child Welfare Act. (One reservation, Fort Belknap, reports its juvenile caseload up 75% since the Act's passage.)

Teaching
Respect for
Tribal Ways

Why a Tribal
Juvenile
Court?

Eligibility for
State
Services is
Unchanged

Tribal/state
Agreements
Needed

Furthermore, understanding the developmental, psychological, educational and social needs of children does not come automatically to judges or, for that matter, to any other adult. Setting up a tribal juvenile court both allows and encourages the judges and the court's personnel to become intimately acquainted with these needs and to develop expertise in meeting them.

Adolescent Delinquents and the Indian Child Welfare Act

Quinault Social Services Director Goldie Todd usefully points out that the Indian Child Welfare Act makes no reference to juvenile delinquents or to tribal courts' dealings with them. With Indian guidance, Washington State has incorporated provisions for this into its state juvenile code, and Indian people in other P.L. 280 states may want to work toward the same end. In non-280 states, tribes may find it helpful to build clear directions for dealing with delinquency into their tribal juvenile or children's codes. Such action will bring benefits much faster than attempts to amend the Indian Child Welfare Act itself.

(Information for this case discussion was provided by Povl Toussieng, M.D., and Marlene EchoHawk, Ph.D.)



Owen Seumptewa

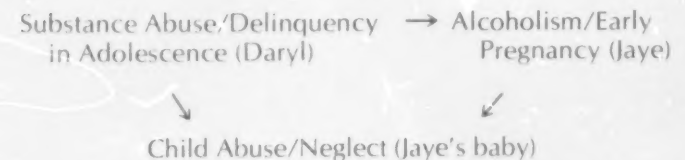
CHAPTER SEVEN: Summary of the Case Studies

In the last three chapters we have discussed case studies involving children of differing ages with differing problems. We have been concerned with the principles and practices which are basic to the handling of these three sample situations.

However, we can view our cases in a different light: Daryl, Jaye and Johnny could be members of one family seen over the course of time. Each could be suffering as a result of earlier problems in the family—the problems described in the other case situations.

For instance, Daryl might grow up to be the father of a baby like Jaye's. Jaye's baby could grow up to be a Daryl or a deprived young mother like Jaye herself. And the custody problems which Johnny experienced can be expected any time children are born to unstable couples who do not have a strong extended family to support them.

Thus, all our cases can be seen as part of a single cycle of family disorganization:



Breaking into
the Cycle

But the cycle can be broken. Strengthening the family through positive intervention *at any point in the cycle* can have far-reaching effects in preventing other problems from developing later. For example, the young mother who receives adequate emotional support from her family network is less likely to abuse or neglect her child. The child, in turn, being well cared for in infancy, is less likely to become a substance abuser, delinquent or teenage parent later in life.

Principle:
Keep the
Children with
their People

Every time the family is strengthened, the benefits extend outward to both the present and future generations. On the other hand, whenever the family network is disregarded or weakened in a short-sighted attempt to deal only with a child's problem, the stage is set for further problems in that network. Attempts to place needy children outside their extended family or tribal network, however well intentioned, will in the long run hurt that network as well as the child, unless the network has participated actively in the decision. This principle is the basis of the treatment approaches demonstrated in the three case studies. It also constitutes the foundation of the Indian Child Welfare Act.

Other principles have played important parts in the case studies.

Principle:
Listen to
What the
Child is
Telling You

First: *listen carefully to the child's own voice*, whenever possible, before making a decision affecting his or her future. Though children may not be old or mature enough to make decisions in their own behalf, they often have derived an understanding of the situation from their experiences. They also have a deep awareness of which person(s) are closest to them and truly stand for their interests. A series of private interviews by a trained consultant may be needed before the children develop enough trust to reveal their innermost feelings. It is important to discover what these feelings are and to take them into account in court decisions bearing on a child's future. A child should be treated as a human being, not as a piece of property.

Principle:
Priority to the
Child's Needs

Second: support the family or tribal network by *placing priority on the best interests of the child*, with due consideration to the child's stage of development and age-related needs. In complex situations where the various interests of tribe, family or state seem to conflict with the needs of the child, the greatest good will be served if the child's needs are given prime consideration. To give priority to other matters (such as politics) is to risk psychologically crippling the child in ways that may be unchangeable later.

Principle:
Integration of
Approach

Third, there is evidence that for many emotional disorders of children and adolescents, one discipline (for example, psychiatry) working by itself is not enough to correct or improve the situation. Children and adolescents with serious problems are best served by an *integrated approach*. This approach will involve psychiatry, pediatrics, psychol-

Principle:
Not More but
Better

ogy, education, social work, recreation, the family, the extended family and the tribe. The role of a Case Coordinator in such an approach is vital to its success.

Fourth, on the practical side, most cases are complex, and tribal resources are often limited. Thus, one of the clearest needs is for greater *coordination of already existing resources*. Unreliable or overlapping services produce fiscal waste; more importantly, they increase stress on the people who most need them. The tribal goal should be to create a coordinated service network to deal with the problems of the tribe's children and adolescents.

The role of the tribal court in cases of abuse/neglect, custody and delinquency is a vital one. The court has the opportunity to model for the entire community a recognition of the uniqueness of each child and to enhance the importance of the family network to which the child's care has been entrusted. These case studies have demonstrated some principles and practices which the courts and involved workers can use to benefit American Indian and Alaska Native children and families.

(This chapter was based on material provided by Stephen Proskauer, M.D.)



Burt Glinn: Magnum Photo

CHAPTER EIGHT:

Resources

The chapter called "Approaching A Case," presented earlier in this manual, described an ideal. It contained all the services and facilities a tribe could possibly want when it reaches out a hand to a troubled child and family. Few tribes, however, possess or have access to such a rich world of resources. In fact, it would be rare to find any child who has received all the attentions described in that chapter.

That chapter set forth the best that can be. It let you see all the needs and all the possible ways of meeting those needs most fully. This chapter is written to help you live productively with what you have and decide what you must go out and get.

THE EXTENDED FAMILY

The extended family is the bottom-line resource of any tribal community, urban or reservation. The expectations families have of their members serve to maintain their life, integrity and purpose. Often, a single individual cannot meet all the major needs of another. But relatives can contribute what they are able to, from whatever resources they have—personal or material. At times, a relative simply may be able to contribute the retelling of an experience in which an important lesson was gained. He may not have a dime to give toward his relative's keep: he gives what he has.

As in the case of Daryl, members of a child's extended family are not always able to make a success of adoption or foster parenting. Perhaps too much was asked of Daryl's aunt—i.e., total in-home support. A closer, more holistic look at her situation most likely would have indicated that her contribution to solving Daryl's problem should be something other than the total support she was asked to provide. We do not know whether she was consulted about what she felt best able to give.

You Give
What You
Have

Suicide Rate
Can be Cut by
Elders

In the case of child neglect, extended family members could have helped Jaye. If they were not aware of her troubles before her pregnancy, they could have gathered round during and after it—not only to demonstrate parenting skills but, even more importantly, to let her know that both she and her child were valued members of the tribe. This could have gone a long way to relieving her anger, depression and reluctance to accept and nurture her baby. The hospital was doing its job, but to Jaye, it must have seemed an impersonal, uncaring place, passing her from room to room. She needed her people around her.

Research has shown that the suicide rate of Indian adolescents in jail can be cut by 80 per cent if a tribal elder or another concerned adult enters the cell with a youth and talks with him about his tribal traditions and his past. Although few of the boys in the study spoke their native tongue, they understood the message of continuity: it is important to keep on living and carry on the heritage of the tribe.

In tribal tradition, responsibilities to and for one another are clear among members of families and clans. When non-Indian personnel (including tribal judges) are hired by tribes to staff their legal, social or mental health programs, it is vital to teach them to appreciate the life-supporting character of the extended family. It is also important to guard against attempts to force non-Indian theories and practices onto Indian workers and communities. This creates stress and weakens family ties.

In short, then, all tribes possess the wide variety of resources provided through their extended families. These natural support systems can—and do—provide love, respect, encouragement and expectations, as well as home, money, food and clothing. On Yakima, for example, receiving home staff has never had to go out to recruit foster parents. After a couple of days, members of a child's extended family come on their own and take the child home with them. The strength of this kind of extensive support network could be of value to social service and court personnel on other reservations.



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TRIBAL RESOURCES

Examination—Every tribe has programs that address individual and community needs. Few tribes, though, have examined those programs thoroughly. Often, this examination will identify resources which could be used for children and families. Through such examination, tribes could redesign systems so useful that new programs they think they need (but cannot fund) may not be needed after all. As Sam Deloria said at the opening of this book, we don't need more money for more programs that don't work. Most of the time, we need to make what we have work better.

Coordinating Body—Representatives of existing tribal programs would be rewarded by forming a coordinating body for family and children's services. This group should meet to take a close look at services that are now being provided for children and families on the reservation. All services should be listed, their functions reviewed and service gaps identified. Then the group should examine other programs the tribe is running (or has access to) which may not have been thought of before in connection with children. For example, Community Health Representatives often provide services to senior citizens. Might these services also include counselling grandparents who are trying to help grandchildren newly arrived on the reservation adjust to their new life? This kind of expanded thinking about existing services can replace many frustrations about the lack of new money for new programs.

Volunteers—Tribal court and social service workers will want to be alert to the presence of people on the reservation who may not have had any formal training but who are skilled in parenting, counselling, homemaking and the like. Such people are already advising and demonstrating to others as friends or relatives; they might feel pleased to be asked to help a troubled child and family. On the practical side, tribes without the funds to contract for services will reap the benefits of this volunteer assistance.

Rituals and Ceremonies—Tribes have possessed for centuries an answer to the troubles of their young people: the ceremonies basic to Indian life. It costs no money to involve families and their children actively in both tradi-

tional and modern tribal activities, and the strengths they derive from them are powerful. Similarly, using grandparents and their stories of past tribal customs and ways can have meaning for many children.

Wilderness/camping and recreational activities—Many children who use alcohol and drugs are bored, have low self-esteem, are depressed and have trouble relating to other people of any age. Wilderness/camping trips often help relieve these problems. The wilderness is free; it costs nothing to climb a mountain. Fathers who may have been fine fishermen or hunters, yet who have never taken their children to fish or hunt, could find such trips rewarding.

Sports and recreational programs relieve the boredom which leads so many youngsters into mischief. Schools may provide basketball, track, swimming, bowling, roller skating and native arts and crafts during the school day, but

Battling
Boredom

Expand
Existing
Services

Ceremonies
and
Storytelling:
Sources of
Strength



U.S. Department of Health and Human Services

it is the hours after school when boredom becomes the problem. Perhaps arrangements can be made with the schools for supervised use of recreational facilities during the late afternoons and evenings on certain days. If not, volunteer coaches could work with groups of children to build a basketball court with donated materials, or to lay out a track. Again, money is not what is needed.

Peer Counselling Projects—A number of projects have shown that adolescents who are beginning to get into trouble in school and with the law improve if they are given adult models. Professional and paraprofessional counselors serve as these models in programs where they train the teenagers to work with and counsel third to fifth graders who are beginning to be truant and to have learning and behavior problems.

The adolescents help these children with their school work. In the process, the teenagers become interested in learning themselves. They behave like their adult models who counsel them and provide them with good relationships through recreation and tutoring. The adolescents, in turn, provide models for the school children they counsel. Several studies show that 80% of teenagers who have strong adult models graduate from high school, compared with 35% who have no such models.

There are other adolescent programs which do not add to a tribe's budgeting woes. These involve teenagers as child care workers. Results have been excellent. The older kids become concerned and involved with the younger ones; in the process, they learn much about child development and parenting that is helpful to them. They become capable of self-examination; they communicate better with other people and learn to talk out problems instead of acting them out. Many go on to further education in preschool teaching and mental health. Tribes which have preschool programs may well want to involve some of their teenagers.

Child/Parent Centers—There is a splendid new idea for preventing problems between young children and their parents which is being put into practice by a (non-Indian) model program in Philadelphia. Tribes and urban Indian groups will find that it fits into their social philosophies, since it is based on concepts of non-judgmental, mutual

acceptance and support. Moreover, it need not cost extra money.

In this program, parents bring their babies and toddlers to a center—which can be in a community center or any accessible place—and stay with them for 2–3 hours once a week. There is a “facilitator” who is part of the group (this may be either someone trained in child development or a lay person who is skilled at, and at ease with, parenting).

Since parenting of children up to age three is especially stressful, parents desperately need support and encouragement during this period. At the center, they share their new and sometimes frustrating experiences with other parents; they can drop some of the tension and constant demands made by children of this age. And they can watch the facilitator—and other parents—deal with different kinds of child behavior. The atmosphere is relaxed and welcoming.

As a result, the parents come away strengthened and refreshed. They have not been subjected to a “let me help you” mode of service—they have been strengthened and allowed to feel that they are resourceful people too. They have seen their babies and young children in a new light and have observed alternative ways of living and interacting with them. Importantly, they know that they are not alone.

The centers provide a safe place for young children to play—play areas are set up so that there is no need to keep saying “No” or “Keep away from that,” as is the case in many homes. This does not mean that money is needed. Donated lumber and nails can be made into sturdy, stable and low-level climbing places; milk cartons, old spoons, old spare tires, water—many, no-cost items can be made into age-appropriate playthings. Children learn by playing; parents can learn by playing with them or just by sitting comfortably and watching.

The key word is “comfortable.” The directors of the Philadelphia program emphasize that the important thing people need to decide in setting up a child/parent program is what makes them feel comfortable in a place. Being welcomed? Soft places to sit? Coffee? People to talk to? Making a list of all the things that make people in your community comfortable will not result in a list of

Parenting
Stresses
Relieved

Money is Not
Needed

Teens Provide
Role Models
for Younger
Children

expenses—it will add up to the *elements* of a cost-free, people-strengthening program which will be unique to every community. What it will also add up to is a drop in the rates of child abuse and neglect and other effects of psychological and emotional stress which isolated parents can experience.

Start Small
and Build
Support

A child/parent center like this can start small—with as few as two families—and build community support as its value becomes clear. With enough enthusiasm, money can be located to rent a larger space; the next step: funding for more staff, etc. (See Appendix E on finding funds for early childhood programs.) The main thing is that you don't have to have new money in order to get started.

If you would like to learn more about the Philadelphia program, its directors, Susannah Eldridge and Kyong Lischner, would be delighted to share their years of experience with you. Call or write to them at:

The Child and Parent Demonstration and Resource Center
Hall-Mercer Center of the Pennsylvania Hospital
8th and Locust Streets
Philadelphia, PA 19106
(215) 829-5588

THE CITY AS A TRIBAL RESOURCE

Urban Indian centers provide valuable services to Indian people. Within the past few years, the range of their services has expanded—professional relationships have developed between urban Indian centers and neighboring tribes which allow them to work together in the interests of a particular child and family. Often, the urban center staff can assist the tribal staff with services which might not be available on the reservation.

Urban Indian
Centers can
license
Tribal Foster
Homes

For example, in some areas, urban Indian social service programs have been licensed by their states as child placing agencies. Through arrangements with nearby tribes, urban agencies can approve foster homes on the reservation for licensing. Although the home is licensed through this agency, the selection and use of the home is maintained by the tribe. This practice is necessary when it is difficult for tribes to hire qualified staff because of

inadequate funding or lack of personnel. It is a service option that needs more development.

FINANCIAL RESOURCE DEVELOPMENT

In Appendix E and F, we will explore sources of funds for various Indian programs. Here we will focus on three major federal laws which allocate funds to Indian tribes for social services to families and children.

Funding:
The Indian
Child Welfare
Act

The Indian Child Welfare Act of 1978 (P.L. 95–608) made \$5.5 million available from the Bureau of Indian Affairs to tribes in 1980. In future years, that money will be combined with the Bureau's "on-going child welfare" funds. Ask for information from your BIA Regional Office.

The Indian
Self-
Determination
Act

Under the Indian Self-Determination Act (P.L. 93–638), tribes are funded to develop their own systems of coordinated health care or other programs which the tribal judges can then use in handling child welfare cases. 638 funds have also been used to hire tribal judges. 638 funding may be obtained from any government agency. All initiatives must come from the tribe and must involve the tribe in developing its own programs or systems. For convenience, ask your regional BIA office for information about applications.

The Adoption
Assistance
and Child
Welfare Act

The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96–272) provides that the Secretary of Health and Human Services (formerly HEW) "may" make foster family payments directly to Indian tribes under Title IV-B of the Social Security Act. Amounts paid to a tribe are part of the allotment of the state in which the tribe is located. The arrangement, however, by-passes the state social service system by creating a direct line between the Secretary and the tribes.

As this manual goes to press (Fall, 1980), regulations for P.L. 96–272 have not yet been written. Tribes will want to study them and the law itself. This act contains apparent conflicts with the Indian Child Welfare Act. However, Senator Alan Cranston (a sponsor of P.L. 96–272) made it a point to read the following statement into the *Federal Register* of June 13, 1980: "I want to make it clear that nothing in [this Act] is intended to supercede or alter any of the provisions of the Indian Child Welfare Act." This

statement is now part of the legislative history of P.L. 96-272 and is applicable to any disputes which arise over any aspect of the two laws.

OTHER RESOURCES

In the interest of continuity, we have placed in Appendix F references to the following resources:

- federal agencies with funds for research and development
- federal agencies with social services funds
- a new network of child welfare training centers
- regional child abuse and neglect resource centers
- Indian child abuse and neglect resource projects
- publications covering the Indian Child Welfare Act, child abuse and neglect (including funding sources), drug abuse and juvenile justice.

In Appendix E, we offer an article which may be helpful if you are planning to write funding proposals.

Our inclusion of federal funding sources is not intended to weaken the basic position which this chapter has taken—that coordination and creative use of existing programs and family and tribal resources are the answers to Indian social service needs. However, if money can be seen as only *one* of the many resources available to tribes, no one will deny that it is useful.

Money is Not
the Primary
Resource

(Material for this chapter was contributed by Evelyn Blanchard, M.S.W., Powl Toussieng, M.D., and Irving N. Berlin, M.D.)



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CHAPTER NINE: Summary of the Manual

This manual began by presenting some basic concepts of child development. With these in mind, it proceeded to lay out principles and practical approaches to be applied by social service and court personnel when facing cases involving abuse/neglect, custody and delinquency.

Our message has been this: the solution to a child welfare case depends on a positive, coordinated approach to the total child. Indeed, a child must be seen as the sum of many parts—family, extended family, tribe and total environment. The needs and interests of the child come first. But to determine what those are, the definition of “child” must be broadened.

First, all of the aspects of the child must be identified and studied. Then it is time for those who can help to put their heads together and decide how and in what order to treat the problems. The role of each helper needs to be no larger and no smaller than the situation requires. It is a balancing act, especially when resources from outside the reservation must be integrated into the plan.

The tribal court bears responsibility for the success of a case. From preliminary hearing to review and follow-up, the judge must evaluate the validity and quality of the data and testimony presented to the court. The judge must order the case studies to be done—and the treatment plan to be implemented—and must be ready to enforce those orders if, as in the case of Daryl, an outside facility fails to fulfill them properly.

But the judge's initial and primary role is to see that the process of coordination of people and services is set in motion and continues to function smoothly. Much of this responsibility is delegated to the Case Coordinator. But it is the judge who is in charge of this Coordinator.

Because of these duties—and because so many tribal judges are overworked in many legal areas—several tribes have developed separate juvenile or children's courts, over which trained or experienced judges preside. Other tribes may wish to follow this example.

There is an enormous amount of potential on reservations. By using resources which already exist, tribes can, on their own, recognize the strengths of American Indian and Alaska Native children and families.

As Saynday realized, it is time to stop bumping into one another in the dark. We must gather round, join our minds and resources and together create our own source of light.

APPENDICES

APPENDIX A: Further Readings

CHILD ABUSE: WHAT WE KNOW

*The following is an edited version of the presentation by Thomas Halversen, M.D., to the Warm Springs Seminar in November, 1979. Since much of Dr. Halversen's talk was based on a slide presentation, this version will be shorter in length, but we have tried to include all the valuable information he gave us.**

I would like to go over what we know about child abuse that can lead us to a course of action. In general, we can say that it occurs in all races and all social and economic classes. There was a time when it was thought that it was only a problem of the poor. Later on it was discovered that the rich were just more able to cover it up. It occurs among the educated and the uneducated. In fact, there is evidence that high school graduates are somewhat more likely to abuse their children because they feel more stress when they are unemployed and take out that stress on their kids. It happens in two-parent and one-parent families and in families where the children are cared for by grandparents. You see that it's very hard to set up any stereotypes.

However, there are certain things we do know:

One: Abusive parents were often abused themselves. As abhorrent as it may be to them, their idea of what a parent is and does—their role model, as we say, of a parent—is an abusive one.

* "Child Abuse and Neglect: The Visual Diagnosis of Non-accidental Trauma and Failure to Thrive," an audiovisual kit prepared by Barton D. Schmitt, M.D., in cooperation with the American Academy of Pediatrics, 1979, is available from the:

American Academy of Pediatrics
1801 Hinman Avenue
Evanston, Illinois 60204
(312) 869-4255

Two: These parents were seldom permitted to be children themselves, and their own parents had unrealistic expectations of them, which they are passing on to their own children. "Children must act like little adults. . . . They musn't disturb their parents. . . . They mustn't wiggle while their diapers are being changed. . . . They mustn't mess up their rooms when they're two years old." When they do these things, their parents may see it as their own *personal failure*.

Three: Abusive parents are afraid that they will spoil their children unless they control them very strictly. This includes severe physical punishment, which some people use even on three-month-old babies. In case you deal with parents who insist on using physical punishment, I'd like to suggest some rules you suggest they follow to avoid injuries to their children.

- Never use an instrument. A parent who loses control with a stick or belt in his or her hand is much more likely to cause bodily injury.

- If one thinks swatting is okay, one swat is sufficient. There is no data to show that two—or more—swats are more effective than one.

- If one is going to swat a child, do it on the bottom. Children should never be struck on the head. The brain is a very soft thing, like jello, held inside a very hard skull. When a child is struck on the face or head, or shaken roughly by the shoulders, the brain is jolted against the skull and can hemorrhage.

Four: We know that abusive parents have been raised with poor self-images. Since they have seldom been given any experiences that made them feel strong and good about themselves, they can't give such experiences to their own kids. In fact, they usually end up extending their poor

feelings about themselves to their children—"If I'm not worth anything, how could my offspring be?"

Five: Very important: abusive families tend to be isolated, either geographically or from their surrounding communities. They have few or no lifelines, few resources; they do not trust other people. Hence, they have no one to turn to in a crisis.

Six: Few are actually mentally ill. You may question that after you see the slides, but psychiatric examinations show that these folks are relatively free of serious mental illness. They are behaving in a way they learned very early in life; it's an established kind of behavior rather than emotional disturbance.

Seven: What do we know about abused children? They are more apt to be boys, more apt to be thought of as "difficult" and hard to love. The child may have committed no more sin than looking like his father, who may have abandoned the family and left a lot of anger and hostility behind. Unfortunately, handicapped children are more likely to be victims of abuse. Not only are they hard to care for, but to parents, a handicapped child may represent a failure on their part.

Recently, we have developed good evidence that children who were premature babies are more likely to be abused. They were kept in the hospital nursery after birth, and the mothers were prevented from developing that natural outpouring of spirit from parent to child that we call "bonding." These children also need more care and are slower to develop. Furthermore, cases of neglect, as well as abuse, are frequent in teenage mothers, as in the Case Study of Jaye in this manual.

Big abdomens, shrunken buttocks, failure to gain weight and relate to adults, apathy and disinterest, hair worn off one part of the head from being left too long in one position—all these signs of being neglected can finally result in the worst form of abuse there is: the death of the child.

What Can We Do About It?

BE ALERT to child abuse whenever you become aware of a child with an injury whose appearance does not seem

to fit with what the parent tells you caused that injury. Rope burns around the ankles, for example, were *not* caused by too-tight elastic in the child's socks. Long bruises across the back, buttocks and thighs were *not* the result of falling down some stairs or taking a playful tumble. (The bony parts of kids that stick out, like elbows and knees and chins, often do get bruised during rough play. Be suspicious of bruises in other locations, especially if there are old and fading ones overlaid by fresh purple and red ones.) Clear, sharply defined burn lines on a child's legs or body means that that child was forcibly held in a tub of scalding water—he didn't slip by accident for a couple of seconds. These are just a few of the warning signs of child abuse. You will need to become acquainted with as many more as you can.*

BE AWARE that many parents have a serious need for proper child-rearing information. 30% of Indian parents have been raised outside of their homes in boarding schools. What kind of parenting role models did they get there? What kind of examples did they have of how married couples deal with crises or even just communicate with each other? Indian communities, it seems to me, need to address themselves to the kinds of role models they want to provide for struggling families.

HELP BUILD the self-esteem of parents. They need it as much as their children do. Be alert to opportunities to allow parents to develop strong, positive feelings about themselves and their lives. Employment is one way, although on many reservations this may be too much to hope for on any large scale. But other things can make the difference—participating in tribal affairs, helping others who have different or greater needs, learning traditions and customs and pride in their Indianness. As a white man, I feel stupid saying that to you, but I believe it can be very helpful.

UNDERSTAND that in moments of stress, parents will return to their old abusive ways. We must help them find and build a network through their extended families or by

* Editor's Note: See the "Resources" Appendix for information on free publications and Indian Child Abuse and Neglect Resource Centers.

re-establishing tribal/community ties, so they will have someone to turn to to relieve their stresses in times of strife.

MOBILIZE whatever resources exist on your reservations to support these troubled families. On a number of reservations, the grandmothers devote time and energy to strengthening shaky family structures and providing role models. Perhaps the elders of the tribe could focus their attention and care on abusing families.

ADVOCATE. Tribes must become aware—and many are—that their children are their most valuable resource. Children must be protected by tribal laws and codes. For they are more important than fishing rights. They are more important than mineral rights. They are more important than water rights. Their care and their needs surpass the need for highway construction. Someone must be their advocate.

THE CHILD ABUSE AND NEGLECT CASE IN COURT

The following section comes from the Indian Court Judges Bench Book, published by and available in its entirety from the National American Indian Court Judges Association, Suite 401, 1000 Connecticut Avenue N.W., Washington, D.C. 20036. Its clear, step by step presentation of an abuse/neglect case demanding court attention is extremely valuable, as are the examples of petitions which should be presented to the court.

PROTECTION OF CHILDREN

State and tribal codes have laws designed to protect children from neglect and abuse, not only from outside sources but from the parents. In dealing with such a problem, the court is only one of the community resources. A number of other components must be involved.

In combating child abuse and neglect, the first important element is encouraging its observation and reporting, with a place to make such reports. The second is prompt response, by both the police and the social service agencies, to protect the child and to investigate and gather evidence. The third element is the court's application of the law, to protect the child; to see that the rights of the child, the parents and the community are protected, that the obligations of each are enforced.

a. *Reporting:* Each community should have a round-the-clock place or telephone number to report abuse or neglect. This can be a hospital, a police agency or social service. The court is not the proper place to make such reports.

The reporter should be allowed to report anonymously. An investigation is necessary to prove or disprove the report.

b. *Protective Custody:* An investigation, by police or social service, should be made promptly. The investigating agent should be authorized by law to take a child into protective custody if this appears necessary.

c. *Detention Hearing:* If a child is taken into protective custody, there should be a prompt (usually within 72 hours) hearing before the court to decide whether the child should remain in protective custody or be returned to the parents. Protective custody may be with a social service

agency, in a group or foster home or shelter, or with a relative under social service supervision.

COURT INTERVENTION

a. *Petition:* If investigation shows a child has or appears to have been abused or seriously neglected, the agency authorized to do so should file a petition with the court. The contents are similar to other pleadings. Generally it is brought in the name of the name of the tribe:

Caption or Heading:

THE CROW INDIAN PEOPLE
In the Interest of

FRANCIS LIGHTFOOT and
SUSAN LIGHTFOOT
Children

And Concerning

ALBERT LIGHTFOOT and
MINNIE LIGHTFOOT
Respondents.

Parties

The petition then identifies the parties.

The children who are the subject of this petition are:

Francis Lightfoot dob 9/22/72

Susan Lightfoot dob 4/20/74

Who reside with their parents or with _____ at _____

The respondents are

Albert Lightfoot, father and

Minnie Lightfoot, stepmother

who reside at _____

Grounds for Petition

The facts which bring the parties within the jurisdiction of the Court are:

"The parents have inflicted serious injury on both children in that on or about July 25, upon this reservation, the respondent Albert Lightfoot beat and struck both children with a leather belt, causing serious bodily harm to both; that said punishment has likewise occurred on numerous prior occasions and the health and welfare of the children is thereby endangered. It is further alleged

That both respondents are addicted to abuse of alcohol; that while drinking they quarrel and frighten the children and often leave them unattended for long periods of time, that for said reason the children's environment is detrimental to them."

Note: The grounds stated in the petition should be one or more of those set forth in the law relating to child abuse and neglect. Both abuse and neglect may be alleged in the same petition.

Prayer of the Petition

The petition should state the relief sought:

"Wherefore, petitioner prays that the children be declared to be dependent and neglected; that their protective custody continue with the petitioner until and unless the parents provide a safe and nurturing environment for the children; that if the parents fail to so provide for the children, that their permanent custody be placed with petitioner or such other person as the Court may determine."

In response to filing of a petition, a summons should issue, requiring the parents to appear before the court on a date and time certain. A copy of the petition should be served with the summons. If the parents have already appeared in court at the detention hearing, personal service of the summons is not necessary; it may be mailed.

b. *Advisement Hearing:* On the appearance date stated in the summons, if the parents appear, the judge should inform them of the nature of the proceeding, the possible consequence, their right to deny the statements in the petition, to be represented by counsel and right to a trial (to the court or a jury, depending on the tribal code). The court should determine whether the parents admit or deny

the petition. If the petition is admitted, then the court has jurisdiction of the parties, and the children may be declared dependent and neglected and made wards of the court.

c. *Default.* If the parents fail to appear and the court record shows they have had proper notice, they may be declared to be in default; the statements of the petition assumed to be true and the child may be declared dependent and neglected and made a ward of court. A better practice, however, is to give the parents a further opportunity to appear because there may be some valid reason for non-appearance. If the matter is continued, the court may direct the clerk to notify the parents of the continued hearing and state default will enter against them if they again fail to appear. The court may also ask the social worker to contact the parents personally.

d. *Continued Petition:* Often, when a petition in abuse or neglect is filed, the parents are willing to work with social service or accept treatment or counselling. In reality, this is the object of the petition, and if it can be accomplished voluntarily, the petition may be continued by agreement to determine whether voluntary efforts are successful. If not, the petition can be set for a pre-trial conference and trial.

e. *Pre-Trial Conference:* The purpose of the pre-trial conference is to determine the disputed issues, explore possible settlement by agreement, determine what reports, pictures or other exhibits may be received in evidence without dispute, exchange a list of witnesses and to set the case for trial. The pre-trial conference is most essential. A great many cases are settled at this stage. If not, the trial may be expedited by limiting it to essential issues.

TRIAL

The trial of an abuse-neglect case follows the same form as any other disputed issue of facts. If, from the evidence, the court or jury finds that at least one of the grounds for abuse or neglect has been proved, the petition is held to be "sustained," that is, proved. The child or children may

then be declared abused or neglected and made wards of the court.

a. *Disposition*—When the court has acquired jurisdiction over the children and parents, either by the latter's admissions or after a trial, or where the parties agree to proceed on a continued petition, the court should set the case for a dispositional hearing.

At disposition, social services should be expected to have developed, and should then present a "case plan."

This *Case Plan* should cover:

- The nature of the abuse or neglect, its extent and duration.
- The cause or causes.
- The recommendations to correct these causes. These recommendations should be specific as to:
 - What is expected of each parent
 - Who is to provide services to the parents
 - What services are to be provided
 - The probable duration of the treatment or counselling
 - If children are in protective custody, a plan for parent-child visits
 - The ends to be accomplished and the expected time frame for completion.

This plan should be presented to the court in writing, and it should be fully discussed with the parents and counsel. They should be given opportunity to offer disagreement with any recommendation and to propose alternatives. In event of disagreement, the court should resolve the dispute.

The object of the plan should be a safe home for the child and a conclusion of the court's involvement of the family. Generally, the plan should be completed within a year or less.

Once the plan is in final form, it should be approved by and made an order of the court.

b. *Periodic Review:* Once a case plan is adopted, the case should be reviewed periodically, every 60 to 90 days. Such review hearings should require both the social worker and parents to attend. A written report of progress should be given, reciting the services provided, the parents' response to such services, an assessment of

progress. If it appears the plan is not serving the needs of the parents, it should be modified.

If the court finds the parents have failed to meet their obligations under the plan, they should be cautioned that continued failure to adjust their behavior and life style may result in permanent loss of custody of their children and possible termination of parental rights.

If, after the second review, it appears no progress is being made because of the resistance or indifference of the parents, the case may be set for hearing on termination of parental rights.

c. *Termination of Parents' Rights:* A case may be set for hearing to consider termination of parental rights where

- The parents have abandoned the child.
- The parents have seriously abused or neglected the child and refused or failed to benefit from offer of counselling, parental training or other agreed-upon help or treatment.
- Termination of parental rights will be a distinct benefit to the child.

Termination of rights should be considered only after reasonable efforts have been made by the social service agency to aid the parents in providing for the child. At the termination hearing, the social service worker should testify as to the parental conduct to be changed to provide a safe home for the child, the precise services offered, when and where offered, the response or behavior of the parents, the needs of the child, the advantages to the child in terminating the parental rights.

If a well-defined case plan has been developed initially, and if progress under the plan has been reviewed periodically, the court's record alone will provide most of the evidence as to the parents' response.

d. *Decree Terminating Parental Rights:* After termination of rights hearing, if the court does in fact sever the parents' right to the child, the written decree should state When and where the hearing took place:

"This matter came on for hearing on November 15, 198— on the issue of termination of the parental rights of the parents named herein."

Who was Present:

"The petitioner appeared by Alex Anderson, attorney, with Jane Doe, BIA Caseworker; the parents were represented by B.J. Smith, attorney, but were not present. Joan Anderson appeared as guardian ad litem for the children."

What happened:

"The court, having examined the court's record, having listened to testimony offered, having read the reports received in evidence, and having listened to statements and argument of counsel."

Finding of the Court

"FINDS that the court has jurisdiction of the parties and the subject matter of this proceeding; that the children named above were declared to be dependent and neglected by a decree of this court entered April 5, 198—; that thereafter, at hearing on May 10, 198— a detailed case plan was presented to the parents, discussed, approved and made an order of the court; that said case plan is in evidence as Petitioner's Exhibit 1. The Court

FURTHER FINDS that thereafter, on August 4, 198— hearing was held to determine progress on the said plan at which time the parents were present; that report from the social worker stated the parents had failed to keep appointments and had followed none of the agreed upon treatment; that they failed to visit with the children, to pay reasonable support; that the report mentioned has been received in evidence as Petitioner's Exhibit B. The Court

FURTHER FINDS that on December 4, 198— a further review hearing was held; that the report of the social worker, in evidence as Petitioner's Exhibit C, shows that the parents have failed and refused to accept services; that they have abandoned their children and their whereabouts are unknown; that any further efforts to help the parents meet their children's needs would be to no avail; that without such help they will be unable, in the foreseeable future, to provide for the care of their children; that for said reasons their parental rights are subject to termination. The Court

FURTHER FINDS that the children are readily adoptable that they are presently integrated into the home of a maternal aunt and uncle who wish to adopt the children; that to continue the parent-children relationship would not only be of no benefit to the children but would be actually detrimental in that it would deprive them of adoption. It is therefore

ORDERED, ADJUDGED and DECREED that the parental rights of _____ and _____ to their children: _____ and _____ is hereby terminated.

FURTHER ORDERED that said childrens' custody continue with _____ and _____ and said persons have leave of the court to apply for adoption of the said children.

DONE AND SIGNED by the Court this ____ day of _____ 198__.

JUDGE

MEDICAL, PSYCHOLOGICAL AND FAMILY FACTORS IN SUBSTANCE ABUSE

by
Povl Toussieng, M.D.

Daryl's history and his needs are typical of many youngsters who inhale volatile solvents, such as those found in cements or glues, fingernail polish remover, lacquer and paint thinners, lighter and cleaning fluids and gasoline. These are cheap, universally available and, therefore, tend to be abused by economically disadvantaged youngsters, particularly older school children and younger adolescents. While the active ingredients in the various solvents differ, they are all "downers," like alcohol, and cause intoxication. In contrast to the intoxication from alcohol, the solvent intoxication lasts only a few minutes—but this then prompts the solvent sniffers to sniff again—and again. Gasoline is usually inhaled from its container, while the other solvents tend to be put on rags, which are then held up and sniffed, or placed in plastic bags and sniffed through the mouth and the nose from the bag.

After inhalation, there is a feeling of dizziness and drunkenness, but also a cheerful feeling of recklessness and of great personal power. Colors will seem more vivid than usual, and a few solvent users have auditory or visual hallucinations. Headaches, nausea and vomiting also result. The active ingredients in the solvents cause irritation of the skin and of the mucous membranes in the mouth, throat and lungs. Therefore, solvent sniffers have irritated skin around the nose and mouth, red irritated eyes and a chronic cough. Appetite is frequently poor, so that the youngsters are thin.

Over the long run, solvent substances can cause damage to the brain, the liver and the kidneys and may also hinder the manufacture of vital blood cells in the bone marrow. However, before they get that far, some youngsters may die from suffocation in the plastic bags or, more frequently, from severe depression of the breathing center in the brain. Solvent sniffing is addictive—acute withdrawal may produce anxiety, depression, nausea,

dizziness, aggressive behavior or inability to sleep, with a wild urge to again get hold of some solvent.

Solvent sniffers may sniff with others, but they frequently sniff solvents by themselves, as they, like Daryl, have difficulty relating to others. This difficulty with meaningful human relationships may be the result of broken homes, especially the lack of a father figure (usually combined with a poor relationship with the mother, as again was true in Daryl's case). Often, the difficulty with relationships is due to a serious emotional disturbance or outright mental disease in the sniffers—a possibility which should have been investigated in Daryl.

Substance abusers are frequently seriously depressed. Many of them know the dangers of the substances they abuse and yet continue. This often reflects an underlying death wish, which may have been present in Daryl. In many substance abusers, this death wish is hidden—the drug takers feel they are victorious over death, that death will never touch them, as they successfully survive continued use of the drugs or see others do so. Another group of youngsters go to the drugs in order to escape from miserable realities and to feel good ("high") for a while. Others use the "high" to deaden the aches of loneliness and lack of meaning in their lives. The increasing size of the latter group points to the decreasing amount of support, structure or even love which these young people are receiving from their families.

Another factor in drug abuse in young people is boredom. This often results when alternative activities, such as sports or other types of recreation, are not available on the reservation or in their urban neighborhoods.

The seriousness of all this is evident from the fact that younger and younger kids are found to be abusers of multiple drugs. There are grade-school-age alcoholics, solvent sniffers, tobacco and marijuana users. The only way to reverse this trend is to offer emotional and caring support to socially isolated families, supporting the parents as much as the children. The family's ties to the extended family, the clan and the tribe need to be restored, as well as their ties to society at large. In addition, recreation outlets for youngsters of various ages must be available, preferably with adult leaders who like

and understand youngsters and know how to inspire and handle them.

Finally, a brief word about the medical aspects of a few other substances frequently abused by today's young Indian people across the country.

Alcohol is widely available and relatively cheap. When children see many adults using (and abusing) alcohol, they follow this example and choose alcohol for their "highs." Prolonged use of alcohol may cause liver disease, damage to the nerves in the arms and legs and damage to various parts of the brain. Frequently, because other "downers" are taken at the same time, the breathing control center in the brain is paralyzed—in spite of the "good feelings" alcohol is causing, alcohol really depresses the function of the brain.

Alcohol is also addictive—there are severe withdrawal symptoms when the alcoholic cannot get hold of alcohol. Prolonged use may lead to a form of brain intoxication which is called delirium tremens (the "DT's"), during which the person has very frightening visual hallucinations and is in physical and mental distress. Some alcoholics are treated with a substance called "antabuse," which must be taken daily under medical supervision and makes the person violently (but not dangerously) "ill" if alcohol is used. Many alcoholics receive major help from going to Alcoholics Anonymous meetings. Families of alcoholics may be helped through related organizations—Alanon, for families, and Alateen, for teenage children of alcoholic parents.

PCP, often referred to as "Angel Dust," is sold legally as an anesthetic for animals. Yet it is widely available to people on the illegal market. Kids who buy marijuana are often receiving PCP instead of THC, the active substance in marijuana. PCP is also often sold instead of LSD, mescaline and other potentially harmful psychedelic drugs. Repeated use of PCP may cause severe emotional disturbance and/or violence to oneself or others. It may also cause recurrent seizures or respiratory failure resulting in death. Accidental drowning, even in shallow waters, is also possible.

Barbiturates are prescribed legitimately as sleeping medication and are, therefore, also widely available on

the illegal market. They are brain depressants and, in overdose or in combination with other "downers" may cause paralysis of the breathing control center in the brain. All downers—marijuana as well as "legitimate" tranquilizers, such as Valium, Librium and antihistamines—cause a person to react more slowly. They present a hazard when the persons who have taken them drive automobiles or operate dangerous machinery.

There is agreement that regular marijuana use by certain youngsters reduces their already shaky motivation to put out any effort whatsoever. Hence school grades drop, and they may leave school. Use of marijuana does not in itself lead to abuse of other substances, but youngsters who use it may become interested in experimenting with other drugs.

Another concern about drug abuse by minors today is that many youngsters do not experiment with, or take, one drug at a time. Instead, they mix drugs which may, or may not, be compatible with one another. The result may be fatal. Alcohol, solvents and barbiturates are the only drugs we have mentioned which are known to be addictive, but many of the other drugs are habit forming and are, therefore, also difficult to give up.

APPENDIX B: Definitions

What follows are definitions of certain people who may be involved in cases which come before tribal courts. Realize that these are merely samples. Some roles exist only on a few reservations; others are not fully defined; still others may mean different things on different reservations.

You will notice overlap among several of the roles. We have tried to indicate the distinctions as well as the points of overlap, but you may be left with some confusion. This is reasonable, because these definitions are rough guidelines only. It is important for each group to clarify the training and roles of its participants.

The *court advocate* is a paraprofessional or paralegal worker who provides clients with legal advice and represents them in court.

The *court counselor* works for the court and may perform different functions. He/she may do pre-sentence investigations, mobilize resources and services on behalf of clients, do home studies when custody is in question, or coordinate the studies done by others and then present them to the court. He/she also follows up on the recommendations of the court and sees that they are carried out. The court counselor thus combines some of the functions of social workers, juvenile officers, probation workers and mental health workers.

The *guardian ad litem* is a person appointed by the court to represent the interests of (in this manual) a child or adolescent. The guardian ad litem's responsibility is limited to advising and speaking for the child and protecting the child's rights in legal proceedings. The guardian has no control over the child's person or property and his or her appointment ends when the court proceedings end, unless released sooner by the court.

The *juvenile officer* is a type of policeman for juveniles who frequently is responsible for providing or arranging for

help to enable youth to improve in functioning and stay clear of the legal system. This is a *pre-trial* function.

The *probation worker* is an agent of the court who supervises post-trial terms of probation. The worker is frequently involved in helping the client function so that the client can stay out of jail and thus, in many ways, acts like a social worker.

SOCIAL SERVICE/MENTAL HEALTH PERSONNEL

The *child psychiatrist* is a physician who has had a three-year residency in psychiatry plus two years of extra psychiatric training. He/she is skilled in working with the child's total environment—that is, family, tribe, school and other agencies. The child psychiatrist is an expert in assessing biological, social and psychological influences on children and in diagnosing and treating mental illness. He/she often serves as a consultant to schools, social agencies and juvenile courts about the goals and methods of their programs and/or procedures.

The *clinical psychologist* (who has a graduate—usually Ph.D.—degree) has training in human behavior. He/she is usually trained in various forms of standardized testing (like intelligence and projective tests) and in non-medical treatment of mental and emotional disorders. Acting as a consultant to the psychiatrist, the psychologist may provide information through standardized testing. The psychologist may also act as a consultant to others.

The *homemaker* is trained to manage a home when the usual homemaker is incapacitated. He/she helps the client to become as independent as possible and to resume homemaking chores. Many homemakers have had some training in mental health.

The *mental health worker* is a paraprofessional trained to treat patients with emotional or mental problems. He/she usually works in consultation with a mental health professional such as a psychiatrist, psychologist or psychiatric social worker. The mental health worker may also serve as interpreter and liaison between the client and a non-Indian mental health professional.

Nurses (who may be registered or practical nurses) are trained to give health care in hospitals, clinics or homes,

usually under the supervision of doctors. Public health nurses emphasize outreach to the home and are concerned with arranging for total health care as well as preventive services (such as nutrition guidance) for all members of the family and the community. Some nurses (called psychiatric nurses) have special training in caring for emotional and mental disorders.

The *psychiatrist* is a medical doctor (MD) who has had four years of training after medical school in the diagnosis and treatment of emotional and mental disorders. Because of the medical training, the psychiatrist is especially able to put the patient's physical and psychological functions together into a single picture. Psychiatrists use various forms of psychotherapy (individual, group and family) as well as physical treatments like medications.

The *social worker* (who may have a doctorate, a Master of Social Work, a Bachelor of Social Work, or a Bachelor of Arts degree) is an expert in providing clients access to resources of all sorts: financial, social, recreational, housing, health, mental health and others. Some social workers have fairly restricted roles: for instance, on some reservations the role of the B.I.A. social worker is chiefly to distribute welfare checks. Others have broad roles and may concentrate as much on the health of the community as on the health of the individual family. Some social workers (called psychiatric or clinical social workers) have special training in the non-medical treatment of mental and emotional disorders.

* * *

Finally the role of the *Case Coordinator* has been stressed throughout this manual. Any of the people whose work has been described in this Appendix would be suitable for this role. We refer you back to Chapter Two for a complete description of this important function.

(Information for this Appendix was provided by Ben Ezra Green, M.D., and Elinor Harvey, M.D.)

APPENDIX C: Training Uses of This Manual

The following suggestions and guidelines for training are intended to facilitate the process described in the chapter entitled "Approaching a Case." These techniques may be used for staff development, self-instruction, orientation of new employees or enrichment of skills.

Consider carefully who could benefit from the resources, references and content of this manual. Social workers, court clerks, tribal judges, court advocates, mental health workers and probation officers all have key roles and should be involved.

Training group leaders experienced in coordinating actual case conferences and treatment plans suggest strongly that tribal social workers, court personnel, etc., meet to discuss an imaginary case. This "dry run" will prove helpful later when cases come up, since turf problems and other stumbling blocks will have already been brought to light and resolved.

To adapt this manual's case approach to your own program, your study sequence and format for learning should be based on *hearing, seeing, doing and saying*. Although some Indian people object to this approach because it raises a danger of betraying the privacy and trust of real clients whose problems may be used as examples for study, our case studies have not been—and yours need not be—actual cases. There are many elements which may enter a custody case, for example. The elements you combine into the training case study should be those for which your particular group has the greatest need to develop skills (i.e., your learning/training objectives).

INTRODUCING THE CASE STUDY

Each case must first be introduced. This may be done through any one or a combination of the following methods:

Techniques of Presenting a Case to Your Group

1. *Psychodrama*—Various participants could act out the problems the case study presents to get a feeling for the situation. (An example of this technique can be found in our presentation of the case of Jaye earlier in this manual.)

2. *Role-Play*—The psychodrama can lay out the problems which brought the case to the attention of social services and/or court personnel. In role-play, participants are asked to take the parts of the people involved in solving the problems: social and mental health workers, tribal judge, court personnel, guardian ad litem and the family and the child concerned.

3. *Comparative Case Study*—The case could be *rewritten* to illustrate that two or more perspectives are usually evident. This is true in custody cases.

4. *Formal Reading*—The lead trainer may read the case aloud to the group, explaining along the way how this case relates to the group's own learning objectives.

5. *Develop Own Case Study*—For example, a child abuse case study could be developed by asking participants to relate their own experiences with child abuse cases. As these are offered, the trainer would record the vital information relating to physical, behavioral, family and institutional factors. If there are gaps in this information, other members of the group can be asked to comment from their knowledge and experience so that a complete case study may be assembled.

Any of these methods of introduction will fulfill the primary learning objectives of giving participants a feeling for the central people and an understanding of the issues involved.

PRINCIPLES AND SKILLS

After the case study has been introduced, specific tasks and objectives should be identified. Participants should be asked to pinpoint, discuss and apply principles and skills in

Bring Actual
Case Workers
Together for
a Dry Run

custody, abuse/neglect and delinquency cases. A number of these have been laid out in this manual, and the trainer can use them as a foundation for discussion.

THE WORKSHOP APPROACH

At the Warm Springs Seminar, each case was introduced in plenary session through psychodrama or formal reading. Then the participants met in small group sessions (of about twelve people) to discuss each case in more detail.

A blend of training ideas was incorporated into the "Johnny: Custody Issues" workshop. A rewritten case study was used to illustrate that at least two perspectives are usually evident in custody situations. The views of the Indian mother and the non-Indian father, both sets of grandparents and—most importantly—the child, were presented. These differing viewpoints provided the framework for workshop tasks.

Workshop objectives were as follows:

1. To analyze all the perspectives of the case study and to determine what information was lacking that would be crucial to Johnny's custody decision.

2. To role-play the judge's part in making a decision in this case.

3. To provide basic skills needed to evaluate custody cases.

Subgroups (of four people) then met to discuss:

1. What vital information is lacking in the presentation of this case?

2. What vital information needed to reach a decision was not found out or was not gathered objectively?

Next, a spokesperson for each sub-group reported the groups' comments for the workshop leaders to write down on a flip chart. The leaders emphasized and expanded on general principles and encouraged general discussion.

The sub-groups then caucused once more with instructions to decide the case, taking the role of a judge. If they did not feel able to do this, they were asked to specify what exact information was needed before a well-informed ruling was possible, including what professional—or other—resources would be required to collect the needed information.

At another plenary session dealing with the Daryl case, a leader gave a formal reading of the case which was interrupted by central (role-played) characters who were seated on the stage with their backs to the audience. These characters interjected, at intervals during the reading, their thoughts and feelings about Daryl and the crucial events in his life.

Workshop objectives were:

1. To identify and show how to nurture potential strengths in the people who could influence Daryl's life.

2. To identify and learn about principles and skills needed to intervene effectively in Daryl's behalf.

The group was divided into the same sub-groups (as in the Johnny case) to discuss the first half of the case history—up to the point when Daryl was placed in the tribal group home. Participants were asked how they would have intervened at each step in the case history and what principles and resources they would have used to do this.

Spokespersons from each sub-group reported the conclusions, and these were recorded by group leaders on flip charts. The group leaders then guided group discussion, emphasizing the principles and skills identified by the groups.

When it came to the case called "Neglect: Child and Parent," workshop participants role-played key personnel normally involved in this kind of case. "Mental health workers," "tribal court judges," "social workers" and "family members" were asked to collaborate as a multi-disciplinary team to develop a plan for re-parenting, crisis intervention, long-term planning and follow-up. This collaborative plan was then "processed" and opened up to the whole group for discussion and evaluation.

It is our hope that this chapter on suggested ways to use this manual for training will be of help. If you have other questions, please write or call the Academy.

(Material for this chapter was provided by Don Jennings, Marilyn Youngbird Jennings and Stephen Proskauer, M.D.)

APPENDIX D: Child Welfare Procedures on Papago

Editor's note: Tribes which are beginning to plan focussed child welfare programs might be interested in seeing the Papago program guidelines for handling cases involving tribal children who have been removed from the reservation in past years by state agencies. Under the Indian Child Welfare Act, the following steps occur:

1. The State Court, social services agency or private party notifies the Papago Children's Court (resolution no. 95-77) that a Papago Child or an alleged Papago Child is in the custody of the State Agency.

2. The Children's Court Caseworker receives the referral from the State and begins an investigation.

- A. The Caseworker will make contact with the Papago Tribal Enrollment office to verify the child(ren)'s membership, or eligibility for membership, with the Papago Tribe.

- B. The Children's Court Caseworker will need to receive as much history on the child(ren) as possible from the State Agency, i.e.: history of the child(ren)'s care; information about the child(ren), parents, relatives, and siblings (their whereabouts, interest in the child(ren), etc.), a description of the child(ren)'s behavior, health, education, and other information that may be useful to the Caseworker.

- C. The Caseworker makes contact with the extended family to determine whether they would be willing or able to take the child(ren) into their home or if they have any concerns for the child(ren), or alternative recommendations.

- D. The Caseworker will contact the Bureau of Indian Affairs Social Services in Sells, Arizona, to request additional information that may help in the investigation regarding the child(ren) or family.

3. Once the Caseworker's investigation has been completed, the Caseworker will then provide a summary of the

case to the Children's Court Judge, including a recommendation. The Children's Court Judge will then notify the State Agency with a decision.

Investigation areas that may need to be considered by the Caseworker:

(Contributed by Charlotte Goodluck and Mary Ellen Brown.)

1. Assessment and evaluation of the actual developmental and psychological stage of the child's behavior and feelings, taking into consideration the child's chronological age and emotional age.

2. The quality of the child's attachment to present foster parent(s).

3. The number of placements, duration of those placements, and the effect of those placements on the child.

4. The number of visits and quality of contact the child has had with the biological parents and extended family.

5. An assessment of the agency's ability to arrange visits and support the relationship between the child and biological parent(s).

6. Identification of any specialized services the child is receiving, i.e., educational, social, medical, etc.

7. Determination of the child's desires, wishes and motivation to return to the reservation given the age of child and the situation.

8. Determination of who can meet the child's developmental needs, i.e., identity formation, self-esteem, and tribal survival skills.

There may be children in existing placements who have never developed a sense of Indian and tribal identity. Planning for these children must be done very carefully with the realization that for some the opportunity to return to the tribe will need to involve the child's feelings about his identity and his or her choice in reinvolvement with Indian culture.

APPENDIX E: Finding the Green (\$\$\$) Funding Early Childhood Programs*

Mary E. Nolan

Need additional funds to support your program? These practical tips will make it much easier when you are ready to write your funding proposal.

Most early childhood program directors are well aware that their jobs require the multiple talents of teacher, counselor, plumber, mechanic, and administrator. Having to be fundraisers and project proposal writers as well can seem like the last straw. This article addresses those program directors who will be fitting fundraising efforts and project proposal writing in among staff meetings, conferences with parents, and holding children with bruised knees or feelings.

EQUIPMENT AND SKILLS

The basic equipment to write project proposals is readily available at a reasonable cost:

- good dictionary
- calendar
- typewriter (if purchasing a typewriter is not within the budget, it is possible to lease a typewriter or pay a freelance typist.)

With a little skill, there is probably funding available for any project in any location. Fortunately, most early childhood program directors possess the necessary skills:

- The experience and information gained from working with children.

* Reprinted by permission from *YOUNG CHILDREN*, Vol. 35, No. 3 (March 1980), pp. 14-21. Copyright © 1980, National Association for the Education of Young Children, 1834 Connecticut Avenue, N.W., Washington, D.C. 20009.

- The ability to work under pressure and meet deadlines while maintaining a sense of humor.
- The willingness to address, and adjust to, the guidelines of the funding agency.
- Time and patience.

The minimum time period from the proposal writing stage to money in the bank is usually six months. Therefore, short-term fundraising (to pay this month's salaries, for example) might better be accomplished through potluck suppers, auctions, car washes, and related activities.

WHERE TO LOOK

The first place the program director should search is within your own community.

Money

Approximately 85 percent of the money for child care presently comes from within one's local community. Review your own community resources. Is the program using as many community resources as possible? How are community funds currently being allocated? Are there funding priorities within the community that might be reassessed with a view toward reallocation? How does the program budget compare to the budgets of other agencies that receive money from the community?

Resources

In-kind resources usually abound even though money is scarce. Staffing ratios could be extended to include work-study students. A local business might be willing to perform accounting services for the program without charge. Facilities and grounds could be made available to the program and its participants at low cost. Service and community groups may designate fundraising activities for the program. Dotson (1976) outlines ideas for a college setting, however, most are adaptable to any child care organization. Many programs have developed in-kind resources to encompass as much as 60 percent of their operating budgets. Once obtained, such resources are less likely than other resources to disappear when the community faces spending cuts.

Table 1 lists possible avenues for funding through local, state, and national entities. Write or call these organizations for further information.

Many businesses and corporations have funds available for child care programs. Some large corporations have employee organizations that donate to worthwhile causes, including child care projects. Before awards are made, usually October 1, sometimes January 1, send letters of intent, explaining the nature of the project, the number of people served, and why the money is needed.

Letters of intent should also be sent to corporate foundations. Check the *Foundation Index and Directory* (see libraries) for the names and addresses of family and corporate foundations throughout the United States. If money is available, the corporate organization will send a Request for Proposal (RFP): an application form, guidelines developed from the corporation's or foundation's philosophy, deadlines for submitting the proposal, the number of copies required, and other necessary information.

COMPONENTS OF THE PROJECT PROPOSAL

The five basic components of the project proposal are:

- needs assessment
- program overview
- timeline and management information

- budget
- evaluation

Needs Assessment

The proposal should contain a complete and concise statement identifying the community's need for a particular child care program in a certain location to serve a specific group of children. This extremely important statement should be carefully developed, using the information obtained through research into the community's needs and remembering the funding philosophy of the potential donor.

The organization of the needs assessment is fairly standardized. The first page should be a title page containing the following information:

- Title of the project.
- Name of the agency submitting the application.
- Beginning and ending dates of the project.
- Names, addresses, and signatures of the project director and those authorized and/or bonded to sign for fiscal management.

Devote the remainder of the needs assessment to a statement of the importance of the problem; the innovativeness and timeliness of the project; the relevance of the project to the local community; and the correlation between the needs of the community and the funding agency's priorities and guidelines.

Some sources of information on which to base the needs assessment include the parents of the children to be served; the program and its staff; the program's governing board or advisory board; other agencies within the community; relevant professional and state agencies; [and] the department of social services. . . . Assess the comparability of the program to other services in the community. If other community agencies service the program, include letters of support from such agencies in the request for funding.

Include a map of the target area to enable the potential donor to locate the program within the community. . . .

**Table 1. Funding Possibilities at the Local,
State, and National Level**

LOCAL	
Industry and business Shopping centers* Hospitals YWCA/YMCA* Churches and church affiliated groups* Schools with declining enrollment* Public Health Department Regional centers for mental health Maternal and child health Crippled children's services Early periodic screening (EPSDT) Parks and Recreation Department* City and County Government (revenue sharing) Community Development Programs <i>Community Development Funds</i> (block grants to	cities—formerly HUD—especially for facilities)* <i>Community Action Agencies</i> (often sponsor Head Start programs) Department of Labor/Manpower/CETA Title programs for training, employment, and support services Department of Social Services/Welfare AFDC (voucher system for child care when parent is working) Child Abuse and Protective Service Foster care services Developmentally delayed assessment program Parent involvement programs
STATE	
State Department of Education Office of Child Development	Services for children and youth
FEDERAL	
Department of Health and Human Services Office of the Secretary 330 Independence Avenue, S.W. Washington, DC 20201 (202) 245-7000 Department of Education Office of the Secretary 400 Maryland Avenue, S.W. Washington, DC 20202 Administration for Children, Youth, and Families Commissioner P.O. Box 1182 Washington, DC 20013 (202) 245-7694	Public Health Service 200 Independence Avenue, S.W. Washington, DC 20013 (202) 245-7694** Office of Human Development Services 330 Independence Avenue, S.W. Washington, DC 20201 (202) 245-7246 National Institutes of Health 9000 Rockville Pike Bethesda, MD 21609 (301) 496-3454 Social Security Administration 200 Independence Avenue, S.W. Washington, DC 20201 (202) 245-6764

* Especially for facilities and in-kind resources.

** Funding for FY 1979-80 and 1980-81 parenting programs.

The following characteristics are necessary to describe the target population (the group of children to be served): age of the recipients; ethnicity; parents' income level; sex; and any other validation of why the population needs the proposed services.

Base every component of the needs assessment on sound statistical and research data. Proposals based overwhelmingly on emotional and political appeals will almost always be rejected in favor of those that demonstrate good research. For early childhood program directors, the ERIC Research Service is an invaluable source of information; especially on program design, statistics on target groups, and general reviews of research that yield the results of recent thinking in the field.

The ERIC (Educational Resources Information Center) service disseminates educational research, results, research-related materials, and other resource information pertaining to education. Information on educational research is acquired, indexed, and listed for retrieval and dissemination through a network of 20 specialized clearinghouses, each of which is responsible for a particular subject area. Access to ERIC is provided through the *Current Index to Journals in Education* and *Research in Education*. Further information about ERIC can be obtained by writing the Educational Resources Information Center, National Center for Education Communication, U.S. Office of Education, Washington, DC 20202.

The ERIC Clearinghouse on Elementary and Early Childhood Education is located at the College of Education, University of Illinois, Urbana, IL 61801 (217-333-1386). Obtain information about early childhood programs by searching one of the published indexes for the major descriptor Early Childhood Education. Ask librarians or search technicians for assistance. The time required to run a search varies from one to six weeks, although private searchers for a fee can sometimes produce information more rapidly.

(Editor's Note: As noted earlier in this manual, non-Indian data, research and program design need to be examined carefully by Indian groups seeking this kind of needs assessment information).

Program Overview

The needs assessment answers the question why; the program overview addresses itself to what will be accomplished. This statement should be no more than 250 words and should clearly outline the goals and objectives of the project. A one-year budget evaluation setting forth monitoring methods will also be needed if you are not using an application form. The goals state in general terms what can be accomplished in the program; the objectives set forth precise and measurable outcomes to be accomplished within a stated time and within given parameters.

Timeline and Management Outline

The timeline indicates how the project will be accomplished and within what period of time. Table 2 is an example of a suggested format.

The timeline and management information should also include:

- Job descriptions that define lines of authority and delineate responsibilities.
- Process for evaluating progress in meeting program goals and objectives.

Table 2. Timeline and Management Outline

Stated Need	Objective	Procedure	Timeline	Who is Responsible	Evaluation
hire personnel	sufficient, qualified staff	advertise in newspaper, personal contact with local training programs	first month of project	project director	written evaluation after 6 mos. probation and again after 12 mos., at which time employee is permanent
staff orientation	familiarize staff with goals and operating procedures for program	group and individual in-service training	first day of employment, weekly in-service conferences thereafter	project director	written and oral feedback from director. Self-evaluation conducted weekly at individual conferences

Budget

It is essential to submit a realistic and comprehensive budget because financial credibility and sound fiscal management are far more significant than the grand plans of the earlier stated components of a project proposal. Small program operators often find it necessary to seek outside help from accountants or financial management services provided by banks. In that way, the necessary audits will be accomplished without using valuable staff time. Most budgets include the following items:

Staff Services

Salaries (including substitute salaries) for director, teachers, aides, cook, maintenance personnel, consultants.

Benefits

Health and accident insurance (investigate group policies and cost sharing with employees).

Retirement program (investigate group plans).

Social security (local Social Security Office will have percentage projected for budget year). Workmen's compensation (check with insurance carrier and/or state pool).

Unemployment insurance (call local unemployment bureau for rate quote).

Staff development (professional publications, conference registration, mileage expenses, dues for membership in state or national organizations).

Equipment Purchase or Rental

Office furniture and machines (typewriter, calculator, etc.).

Program furniture and equipment, indoors and out (blocks, tables, playground equipment, etc.).

Buses, vans.

Kitchen appliances and cookware.

Insurance and Bonding

Fidelity bond.

Owner or tenant insurance for building and contents.

Liability and personal injury property damage insurance for vehicles.

Accident insurance for each child.

Space Rental or Purchase Costs

Down payment for purchase; deposit for rental.

Rent.

Utilities.

Renovations or expenditures to meet code requirements.

Repairs and preventative maintenance.

Health/Social Service

Licensing fees.

Fire and building code clearances.

Supplies

Office supplies.

Kitchen supplies if food prepared on premises.

Program supplies (including supplies for children, paper, paint, etc.).

Maintenance supplies (including mops, brooms, toilet tissue, towels, soap, floor wax, cleaning compounds, light bulbs, etc.).

First aid supplies.

Communications

Telephone installation, repair, and charges (an automatic answering and recording device may be a wise investment to save staff time).

Postage.

Publicity in yellow pages and local newspapers.

Printing costs (including design of logo for program, printing brochures, billing forms, statements, and business cards).

Program costs

Contract services (including accountants, medical, program consultants).

Transportation/field trips.

Food (prepared on the premises or contracted). Consider services and funding from the Department of Agriculture: National Free Lunch Program, National Free Milk Program, or WIC program.

Annual audit.

Income taxes.

State and local taxes.

Evaluation

This last component of the project proposal is often the most difficult. The budget figures reveal how the money will be spent while the evaluation indicates how the accomplishment of the program objectives will be measured. One of the best ways to accomplish the evaluation

phase may be to establish an advisory board whose responsibilities include continuous evaluation of such questions as the following:

- What are the program constraints?
- Are program priorities reasonable?
- Is the budget workable within the timeline and management information?
- What human and physical resources are becoming available as the project evolves?
- Can the project establish self-sufficiency at the end as required by some funding agencies?
- In what format should further evaluation take place?

The evaluation statement in the proposal should briefly restate the goals and objectives of the program; describe the role and responsibilities of the advisory board; list the evaluation tools and methods to be employed; and stipulate how and in what format the evaluation will be submitted to the funding agency.

The project proposal is now ready for submission. Broken down into its separate elements (see Table 3), the task is manageable. Assembled in final form, the document becomes a professional instrument of persuasion for increased funding for early childhood programs.

Table 3. Project Proposal Checklist

-
- ___ Letter of intent sent to funding agency.
 - ___ RFP, application, etc., received from funding agency.
 - ___ General research completed.
 - ___ Needs assessment drafted (remember to include map, letters of support, etc.).
 - ___ Specific research completed.
 - ___ Program overview drafted.
 - ___ Timeline and management outline constructed.
 - ___ Pro-forma budget projected.
 - ___ Evaluation process described.
 - ___ Proposal typed and proofread (check all figures, especially budget).
 - ___ Proposal submitted to funding agency.
-

APPENDIX F: Further Resources

A FEW NOTES ON FUNDING

The following federal agencies have some funds for research and development programs:

- BIA and IHS: check with your area offices.
- Administration for Public Services (APS) within the Office of Human Development Services (OHDS) of the U.S. Department of Health and Human Services (DHHS, formerly HEW); area offices should have information.
- OHDS (DHHS) also grants contracts to tribes to provide services to "promote individual and family self-sufficiency."
- Administration for Children, Youth and Families (ACYF) (under Title IV-B of the Social Security Act).
- ACYF also funds the development of local facilities for runaways.

Other grant programs may be of interest:

- The Civil Service Commission makes Intergovernmental Personnel Grants to tribal governments for "programs to improve personnel systems and to train professional, administrative and technical employees". (Contact regional offices.)
- ACTION supports both the Foster Grandparent Program and the Retired Senior Volunteer Program with funds for staff salaries, travel, space and equipment as well as direct benefits in the case of the foster grandparents. (Contact state/regional offices).
- For children with special needs, BIA and IHS funds may be combined, as when the Bureau's Branch of Education combines funds with the IHS Branch of Social Services to cover special services for children in psychiatric institutions. Health care monies of Indian Health Service can also be made available to contract for special health services not locally available.

PEOPLE AND PRINT RESOURCES

Child Welfare Training Centers

The Administration for Children, Youth and Families has recently funded eleven new child welfare training centers designed to improve the skills of practicing social workers and those planning to enter the field. Over the next five years, the training centers (each of which is to be located within a university school of social work) will work with other schools of social work throughout the country in developing or improving curricula in such areas as services to minority groups and legal aspects of child welfare.

The centers will work with social service agencies to strengthen in-service training programs for staff already working in foster care, adoptions and other child and family services. At the same time, the centers will survey tasks which caseworkers are performing and will work with schools and agencies to make training and curricula more relevant to those tasks.

The national child welfare training center at the University of Michigan School of Social Work will coordinate the work of the regional centers. It will also maintain up-to-date listings of child welfare courses and in-service programs being offered throughout the country. The regional centers are located within the Schools of Social Work at:

- University of Connecticut, West Hartford CT
- Columbia University, New York NY
- Virginia Commonwealth University, Richmond VA
- University of Tennessee, Knoxville TN
- University of Illinois, Urbana IL
- Tulane University, New Orleans LA
- Washington University, St. Louis MO
- University of Denver, Denver CO
- University of California, Los Angeles CA
- University of Washington, Seattle WA

Regional Child Abuse and Neglect (CA/N) Resource Centers

Steven Lorch, Director
Region I CA/N Resource Center
Judge Baker Guidance Center
295 Longwood Avenue
Boston, Massachusetts 02115
617-232-8390
(CT, ME, MA, RI, VT, NH)

John Doris, Ph.D., Director
Region II CA/N Resource Center
College of Human Ecology
Cornell University
MVR Hall
Ithaca, New York 14853
607-256-7794
(NJ, NY, PR, VI)

Barbara Stembridge, Ph.D., Director
Region III CA/N Resource Center
Howard University Institute for Urban Affairs and
Research
P.O. Box 191
Washington, D.C. 20059
202-686-6770
(DC, DE, MD, PA, VA, WV)

George Thomas, Ph.D., Director
Region IV CA/N Resource Center
Regional Institute for Social Welfare Research
P.O. Box 152
Athens, Georgia 30601
404-542-7614
(AL, FL, GA, KY, MS, NC, SC, TN)

Adrienne A. Haeuser, M.S.W., Director
Region V CA/N Resource Center
Graduate School of Social Work
University of Wisconsin-Milwaukee
Milwaukee, Wisconsin 53201
414-963-4184
(IL, IN, MI, MN, OH, WI)

Rosalie Anderson, M.Ed., Director
Region VI CA/N Resource Center
Graduate School of Social Work
University of Texas at Austin
Austin, Texas 78712
512-471-4067
(AR, LA, NM, OK, TX)

Gerald Solomons, M.D., Director
Region VII C/N Resource Center
Institute of Child Behavior and Development
University of Iowa—Oakdale Campus
Oakdale, Iowa 52319
319-353-4825
(IA, KS, MO, NE)

Donald Bross, J.D., Director
Region VIII CA/N Resource Center
National Center for the Prevention and Treatment of
CA/N
1205 Oneida Street
Denver, Colorado 80220
303-321-3963
(CO, MT, ND, SD, UT, WY)

Herschel K. Swinger, Ph.D., Director
Region IX CA/N Resource Center
Department of Special Education
California State University
5151 State University Drive
Los Angeles, California 90032
213-224-3283
(AZ, CA, HI, NV, Guam, Trust, Terr.)

Yvonne Walker, M.S.W., Director
Region X CA/N Resource Center
Western Federation for Human Services
157 Yesler Way, #208
Seattle, Washington 98104
206-624-5480
(AK, ID, OR, WA)

Indian Child Abuse and Neglect Resource Projects

The following are demonstration projects funded by the National Center on Child Abuse and Neglect, Children's Bureau, ACYF, DHHS. For general information, write or call P.O. Box 1182, Washington D.C. 20013; (202) 755-0593.

NATIONAL INDIAN CHILD ABUSE AND NEGLECT RESOURCE CENTER

Native American Coalition of Tulsa, Inc.
P.O. Box 2646
Tulsa OK 74101

CLINICAL DEMONSTRATION OF SPECIALIZED TREATMENT OF CHILD NEGLECT

Muckleshoot Tribal Council
38811 - 172nd Avenue, S.E.
Auburn WA 98002

NAVAJO CHILDREN'S LEGAL SERVICES

Office of Navajo Economic Opportunity
Box 589
Fort Defiance AZ 86504

INDIAN CHILD ABUSE AND NEGLECT PREVENTION PROJECT

Urban Indian Child Resource Center
Indian Nurses of California, Inc.
390 Euclid Avenue
Oakland CA 94610

AMERICAN INDIAN CHILD ABUSE PROGRAM

Minnesota Chippewa Tribe
Social Services Division
P.O. Box 217
Cass Lake MN 56633

HOME VISITORS SERVICE IMPROVEMENT

Cook Inlet Native Association
1057 N. Firewood
Anchorage AK 99503

Publications

(The following titles are not necessarily endorsed by the Academy, with the exception of its own publication listed below. We present this listing knowing (a) that it is far from complete, and (b) that each publication will need to be evaluated as to its usefulness to Indian people.)

Child Protection: The Role of the Courts, National Center on Child Abuse and Neglect, May 1980. Single copies free from the U.S. Government Printing Office, Department 76, Washington, D.C. 20401. Specify (OHDS) 80- 30256.

"Decision Making Regarding American Indian Children and Foster Care," by Charlotte Tsoi Goodluck and Mary Ellen Brown. An unpublished paper available from the authors by writing to 4830 E. Palm Lane, Phoenix AZ 85006.

Indian Child Welfare Act of 1978: A Law for Our Children, from the American Indian Lawyers Training Program, Inc., 319 MacArthur Boulevard, Oakland CA 94610. Described as "Successful Strategies for Implementation (of the Act)—A Preliminary Review".

Indian Child Welfare Act of 1978: Questions and Answers (includes a copy of the Act). Available from the Administration for Native Americans, 330 Independence Avenue, S.W., Room 5300, North Building, Washington, D.C. 20201.

Supportive Care, Custody, Placement and Adoption of American Indian Children. Available from the American Academy of Child Psychiatry, 1424-16th Street, N.W., Suite 201-A, Washington, D.C. 20036.

• The following publications are available at no cost per single copy from the National Center of Child Abuse and Neglect, P.O. Box 1182, Washington, D.C. 20013:

Treatment of Abused and Neglected Children

Parent Aides in Child Abuse and Neglect Programs

A Community Approach: The Child Protection

Coordinating Committee

Supervising Child Protective Workers

The Nurse's Role in the Prevention and Treatment of Child Abuse and Neglect

The Role of the Mental Health Professional
The Role of Law Enforcement
Guidelines for the Hospital and Clinic: Management of
Child Abuse and Neglect
Training in the Prevention and Treatment of Child Abuse
and Neglect
Sources of Funding for Child Abuse and Neglect Projects:
A Special Catalogue from the National Center

- The following two booklets are available (free) from the National Institute on Drug Abuse, 5600 Fishers Lane, Rockville, MD 20857:

Let's Talk About Drug Abuse
It Starts with People: Experiences in Drug Abuse
Prevention

• The following publications are available (free) from
The National Criminal Justice Reference Service for as
long as supplies last. Write:
NCJRS—Clergue T. Jones
Box 6000
Rockville, MD 20857

Name: _____

Address: _____

Check () to order	Title	NCJ#	Warehouse Location
()	<i>Myths and Realities About Crime</i>	(#46249)	1C-D
()	<i>Volunteer Services</i>	(#51304)	25A-B
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STRENGTHENING THE AMERICAN INDIAN/ALASKA NATIVE FAMILY: A CASE STUDY APPROACH

NOVEMBER 12-16, 1979

KAH-NEE-TA LODGE
WARM SPRINGS, OREGON

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Kenji Kawano

**"There is only one child,
and her name is Children."**

**John Woodenlegs
Northern Cheyenne**